Field Hospital Quality Check

Ysbyty Enfys Deeside

Betsi Cadwaladr University Health Board

Quality check date: 10-11 February 2021

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

Our priorities

Through our work we aim to:

Provide assurance:	Provide an independent view on the quality of care
Promote improvement:	Encourage improvement through reporting and sharing of good practice
Influence policy and standards:	Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed a focused quality check of Ysbyty Enfys Deeside (Rainbow Hospital Deeside) within Betsi Cadwaladr University Health Board area on the 10th and 11th February 2021.

This focused quality check was undertaken remotely in response to intelligence that HIW received regarding aspects of the field hospital. In particular, HIW wanted to ensure that the expansion of the admission criteria for the setting was not impacting on the safe and timely care provided to patients.

To ensure that there were suitable staffing on site in order to facilitate our quality check, whilst recognising the time sensitive nature of our concerns, the health board was provided with 24 hours advance notice of this quality check.

Our team for the quality check comprised of one HIW inspection manager and three HIW clinical peer reviewers.

We reviewed a sample of five patient medical and nursing records, which included patients who had required an emergency transfer back to an acute site and patients who had passed away at the field hospital.

HIW explored how the service met the Health and Care Standards (2015) and other relevant guidelines and legislation.

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

2. Summary of our quality check

Overall, we found committed staff who were aiming to provide kind and compassionate care for patients. This was supplemented through evidence of effective partnership working with a range of internal and external partners. However, a range of evidence led us to conclude that we were not assured that patients were consistently receiving a suitable standard of timely, safe and effective care.

There were good arrangements in place for ensuring that a sufficient number and suitable skill mix of staff existed, including a clear recognition of meeting upskilling and training needs for nursing and healthcare support staff.

We found significant effort had gone into the planning and mobilisation of the field hospital in order to provide safe and effective care and we noted a number of positive findings to support this.

However, we found that patients had not consistently received the required standard of care. This was because we could not be assured that timely and effective care had been provided at all times. This led us to write to the health board immediately following the quality check under the HIW immediate assurance process.

The health board was open and engaging when listening to our feedback and we have since received sufficient assurance that actions have been taken in response to these issues.

This is what we found the service did well:

- Staff we spoke with were committed to providing kind and compassionate care
- Positive partnership working with internal and external partners, including a range of medical, nursing and therapeutic teams from across the health board
- Positive therapeutic input leading to positive patient outcomes
- Access to staff upskilling and training, including the availability of a practice development nurse.

This is what we recommend the service could improve:

- Appropriate care pathways to support individualised care
- Documentation of discussions relating to end of life care
- Review of Infection Prevention and Control (IPC) requirements in line with the models of care provided
- Record keeping and documentation in all areas.

3. What we found

Background of the service

Betsi Cadwaladr University Health Board provides healthcare services to a total population of around 694,000 throughout the North Wales region.

In response to the COVID-19 pandemic, the health board has engaged in planning to commission a number of new field hospitals[1] across the region in support of acute hospital services by creating additional capacity for patient care. As a result of the pandemic, health boards are faced with the challenges of acute hospital bed reductions due to social distancing measures, winter flu and seasonal winter pressures. The use of field hospital capacity provides a means of easing pressures on the acute hospital sites.

Ysbyty Enfys Deeside is one of three field hospitals located within the health board. It has current capacity for up to 45 patients, who will receive care from a multi-disciplinary team including nurses, doctors and therapists.

[1] A field hospital is a temporary hospital

Quality of patient experience

As this was a remote quality check, we did not have the opportunity to engage with patients. We did however consider the way in which care would be provided to patients in a dignified, individualised and timely manner.

Dignified care

We considered how the care provision, facilities and environment at the site helped to promote dignified care for patients. We noted that due to the nature of the field hospital design, it was not as conducive to the same level of privacy and dignity as a purpose built hospital site. However, it must be recognised that the site has been built during a global pandemic and considerable effort has been made by the health board and external partners to ensure that patient privacy and dignity needs can be met as far as possible.

It was positive to note that despite some of the environmental challenges all medical and nursing staff that we spoke to demonstrated a genuine commitment to providing all patients with kind and compassionate care.

We found that staff were acutely aware of the environmental differences, telling us of a number of ways in which they overcome these. For example by ensuring that the site is brightly lit in the mornings to help orientate patients and careful placement of patients with poorer mobility within close proximity to toilet and washroom facilities. We found that movable screens were available to provide patients with more privacy at their bedside. We also found individual call bells were in place for patients who required assistance.

For patients on an end-of-life care pathway[2], it was heartening to again hear the emphasis staff placed on providing kind and compassionate care. Staff told us that this was achieved through use of privacy screens and allowing relatives to enter and exit through alternative entrances when visiting. We were told that quiet areas of the ward could also be used, but we expressed a view that this could

[2] An end-of-life care pathway is a document that leads care professionals through somebody's care plan in the final weeks and days of their life.

present a problem in itself as some patients may be in an area without other persons, which could result in some patients feeling isolated.

We confirmed that access to suitable pressure relief mattresses and anticipatory medication[3] was available. It was positive to note that staff had been upskilled in order to provide care for this patient group and that access to the specialist palliative care team was available if required. However, we noted that this had not been accessed as the existing professional background of the medical teams enabled them to support these patients. We confirmed that access would be sought if required.

We were provided with examples in which patients, following their admission to the site, had chosen to return home or to a hospice for their final days of life and we noted that there was provision for rapid discharge in order to facilitate this. Whilst we acknowledge that patients may wish to change their mind at this difficult time, we were not always able to determine what discussions had been held with the patients prior to the transfer to the site from the acute setting.

Overall, in the sample of patient records that we reviewed, we found there to be a lack of individualised end of life care planning documented in line with the Health Board's own pathway, including a lack of pain relief medication charts for us to review. This meant that we could not be assured that patients were always receiving individualised care. However, we did note that the health board had an end of life care pathway, although this wasn't in use in the care of the patients we reviewed. This care pathway, if used, would prompt individualised care for patients at the end of their lives.

Improvement needed

Given the novel field hospital environment, the Health Board must ensure that end of life discussions are recorded in patient notes prior to their transfer to the site to help ensure that patients have made an informed choice.

[3] Medication designed to provide rapid pain relief

The Health Board must ensure that the correct pathway and documentation is used in order to ensure that patients receive individualised care in line with its own policy and national guidelines for end of life care.

Timely care

We reviewed a sample of patient records, which included patients who required emergency transfer from the site back to an acute care environment. We found that:

- Patient observations were recorded in a recognised national chart using NEWS[4] to identify patients who may be becoming unwell and that there was a clear trigger system in place for escalating patients to senior medical staff. Whilst we found that patient observations were generally recorded and that patients were escalated by nursing staff appropriately, we could not be assured that this was happening on all occasions.

- Some patients who had deteriorated, and who were in need of transfer back to an acute site, had not been transferred at the earliest opportunity. This meant that appropriate care was not always provided in the most timely manner.

Due to the serious nature of these concerns, this aspect of the quality check formed part of the immediate assurance letter that we sent to the Health Board immediately following the quality check.

We confirmed that the process for transferring patients out of the field hospital, when necessary, was working in a timely manner. We noted that the Welsh Ambulance Service had been an important partner in the set-up of the site and staff reported that this process worked well.

[4] NEWS is a tool which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes

People's rights

We considered how patients' rights had been upheld, particularly with regards to those patients with fluctuating or a lack of mental capacity[5]. We found that patients with cognitive impairments had been admitted to the site for a brief period of time in order to relieve heath board pressures at that time. We found that there was a general awareness of the requirements of the deprivation of liberty safeguards (DOLS) and the need to ensure that care and treatment is provided in the best interests of patients. However, following discussions with staff and a review of patient records, we could not be assured that there was a clear recognition of when this was to be applied at all times. For example, in one of the records that we reviewed, we could not find evidence of any on-going mental capacity assessment or reference to that patient's capacity to make decisions.

The health board told us at the time of the quality check that patients with cognitive impairment are no longer admitted to the site and that there were no patients admitted at the time with a cognitive impairment. We were advised that patients who are referred to the site with a cognitive impairment are risk assessed to determine their suitability for admission. Where patient needs cannot be met, we saw evidence to confirm that referrals into the site were declined. We were also told that there were plans in place for the on-site practice development nurse to contribute to training in this area.

Listening and learning from feedback

As this was a remote quality check, we were unable to directly engage with patients, their relatives or carers. However, staff were able to provide us with positive verbal feedback that had been received from the families of patients who had been cared for by the field hospital staff. Staff were also in the process of collecting more formalised feedback from patients using the field hospital.

[5] As defined by the Mental Capacity Act 2005

Delivery of safe and effective care

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

Safe care

When Ysbyty Enfys Deeside opened in November 2020, it was initially used for low and medium acuity patients, at least ten days post COVID-19 diagnosis. These patients no longer required medical intervention in hospital, but needed additional time to recover through a rehabilitation model of care, referred to as phase one.

When winter and pandemic pressures began to peak at acute sites across the health board in January 2021, the health board took the decision to expand the patient admission criteria at the field hospital to include patients from day one of their positive COVID-19 diagnosis, subject to screening the appropriateness of referrals, having a defined exclusion criteria and 24-hour clinical cover (referred to as phase two). HIW sought assurance as to how this model of care could impact upon patients, in particular, how unwell or deteriorating patients would be managed in a safe and timely manner.

At the time of the quality check taking place, we were informed that the site had just reverted back to the phase one model of care. This meant that patients from day one of their positive COVID-19 diagnosis were no longer admitted to the site. Therefore, the focus of the site was on providing rehabilitation to patients who are now at least 14 days post diagnosis and also in providing a COVID and non-COVID related palliative care pathway.

Managing risk and promoting health and safety

Through discussions with management at the site, it was clear to us that a considerable effort had been placed on the initial set-up and planning of the field hospital to ensure its suitability for staff and patients. This had been achieved with effective working between a range of internal and external partners, including a range of medical, nursing and therapeutic teams from across the health board, the facilities management company and the Welsh Ambulance Service.

Staff were able to tell us how the environment had been adapted to ensure that it continued to meet the needs its patients and how safety issues are reported and addressed. For example, through the installation of alarms fitted to doors to ensure that patients cannot enter or leave the ward unnoticed.

We found that an environmental risk assessment had been undertaken and that there were clear lines of responsibility and reporting to ensure that actions are completed in a timely manner.

This was supplemented by regular weekly and monthly audit programmes which had been established by the nursing management team. There were also clear lines of reporting and accountability for this.

We confirmed that the site had 24-hour security to help maintain staff and patient safety.

Preventing pressure and tissue damage

We found that individual patient pressure ulcer risk assessments had been undertaken at the point of admission and had been subject to regular review. For patients who required it or who were on an end of life pathway, we confirmed that there was suitable access to pressure relief mattresses.

Falls prevention

Due to the unconventional nature of the environment, patients may be at an increased risk of falls. However, we found that the environment had been risk assessed to ensure its continued suitability. We also confirmed that individual falls risk assessments had been carried out for patients at the point of admission, which included physiotherapy support and staff to assist patients when moving around the site.

Infection prevention and control

We asked staff whether designated infection prevention and control (IPC) staff were available to provide advice and guidance. We were told that the IPC team, including microbiologist input, had been involved at all stages. This meant that staff could access timely support and advice on IPC matters.

We found that an IPC audit had been undertaken by the ward management, with input from the health board infection and prevention team. The audit had clear lines of responsibility, timescales for completion and a progress updates on any outstanding items. It was also positive to note that there were a range of other daily, weekly and monthly IPC and cleaning audits undertaken by the site Matron and ward management.

We did not observe any handwashing practice as this was a remote quality check. However, we saw guidance for staff on correct handwashing techniques and we saw that recent highly scored hand washing audit had been undertaken.

We considered how patients who develop an infection, such as norovirus[6], whilst on site would be cared for. Staff told us that whilst there was no provision for strict isolation, that a cohort bay was available for patients who developed symptoms when on site. However, in one of the patient records that we reviewed, we found that a patient had been admitted to the site with an outstanding stool sample result and had required a further sample to be taken. This indicated that they were still experiencing symptoms, which posed an infection risk to staff and other patients. It was reassuring to note that health board provided us with immediate verbal assurance that a new procedure had been established following an internal review of this incident.

We also considered how the clinical environment would be cleaned effectively to promote infection control. We found that there were cleaning schedules in place for all staff to complete and we saw that these was monitored by the ward management to check compliance.

As part of the quality check, we considered how the health board had considered its IPC arrangements between phase one and two models of care, including how infectious patients are cared for:

- We confirmed that staff were cohorted into teams to provide care to either positive or recovering patients. Staff were individually risk assessed and any high risk staff did not work in positive areas of the ward.

- There was a risk assessment in place to manage the risk associated with the placement of positive patients, which included a separation of the ward environment to ensure that patients could be appropriately cohorted. However, we could not be fully assured of the effectiveness of this due to the structural and environmental challenges the site poses and the mitigations that were currently in place.

[6] Norovirus is a stomach bug that causes vomiting and diarrhoea.

- By accepting patients with an active COVID-19 infection, the site is designated as a red site[7] as per UK guidance[8]. However, we found the use of red and green areas at the site, which could cause potential conflation of IPC guidelines and risk amongst staff groups.

- We found that during phase one, patients post 10 days COVID-19 diagnosis were placed into a green zone once no longer considered infectious. We would advise the health board to consider if an amber pathway would be necessary for these patients due to the potential risk of re-infection due to their proximity to newly positive and negative patient streams.

Improvement needed

The health board must review its site IPC policy and substantive risk assessment in order to ensure that IPC standards according to the patient group and model of care are being met. Consultation with Public Health Wales is advised to ensure that any best practice updates are taken into account.

Nutrition and hydration

We saw that facilities are available on both sites for the preparation of hot and cold food. We were also saw that special dietary requirements could be accommodated.

Medicines management

Staff told us how medications were received and managed on-site. We noted that there had been good pharmacy support provided by a dedicated pharmacist. This

[7] A red site is a setting which admits infectious patients, in this case patients with a positive COVID-19 diagnosis

[8] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control#ppe-guidance-by-healthcare-context

included ensuring that patients arrived on site with additional medications in order to prevent any stock issues.

Medical devices, equipment and diagnostic systems

We confirmed that there were suitable arrangements in place to ensure sufficient supplies of resuscitation and emergency equipment. Ward management confirmed that they had engaged with the health board's resuscitation team and that all clinical staff had been trained to at least BLS[9] level, with many having undertaken a higher level immediate life support course.

Effective care

Safe and clinically effective care

As part of the quality check, we reviewed five patient records to explore the:

- Management of referrals into the field hospital, including the appropriateness of these
- Management of unwell patients, including monitoring, recognition of deterioration and escalation.

We found that the site had a defined list of patients that it can and can't accept as referrals into the site, which is referred to as the inclusion and exclusion criteria. It was positive to note that there had been an emphasis placed on ensuring the suitability of patients through weekly forward planning meetings and a consultant-led process in reviewing any referrals from acute sites. This meant that the site could be assured that the care needs of patients, as presented at the point of admission, could be met. We saw that a number of referrals had been declined, which clearly indicated that the site was aware of its staffing mix and capacity at that time.

We found that the majority of referrals were initially triaged by general practitioners (GPs) and that a cautious approach was taken whereby GPs would escalate any concerns to the clinical lead. From a nursing perspective, we found some inconsistencies in who screened referrals in the records that we reviewed,

[9] Adult Basic Life Support training

however, we were assured that the ward manager now has oversight of all referrals.

We reviewed a sample of patient records relating to patients that had required an emergency transfer from the site back to an acute setting. This included patients who had been treated under the phase one and phase two (from day 1 of a COVID-19 positive diagnosis) models of care, who had been transferred back for both COVID and non-COVID related reasons. We could not be assured that in all cases the management of unwell patients, including their monitoring, recognition of deterioration and escalation was sufficiently robust in order to maintain the delivery of safe and effective care. This was because we could not be assured that in all cases:

- Records had been completed as comprehensively as required in line with professional guidelines
- Those patients had always received timely care, including their escalation back to an acute site
- Sepsis screening had been undertaken despite trigger warnings
- Learning and reflection had been identified in order to prevent reoccurrences.

At the time of the quality check taking place, we were told that the risk associated with accepting patients with a day 1 positive COVID-19 diagnosis had been mitigated as the site had very recently stopped accepting these patients. This means that the risk of a patient deteriorating and becoming very unwell had reduced. This was positive to note as this would allow the site to focus on their rehabilitation model of care (phase one). However, it was made clear to us that there would be potential to revert back to this model of care (phase two) in the future should demand on the site increase.

Due to the serious nature of these concerns, this aspect of the quality check formed part of the immediate assurance letter that we sent to the Health Board immediately following the quality check.

During the phase one model of care, we saw that patients were admitted from day 10 of their positive COVID-19 diagnosis. However, we were advised following the quality check that whilst the health board has reverted back to this model of care, all patients under this model are now only admitted from at least day 14.

The health board is advised to consider the on-going suitability of its decision to admit now, or in the future, patients under day 14 of their positive COVID-19 diagnosis, including the placement of these patients within the ward. This is because there is a risk that patients below this mark and specifically between the seven and ten day mark can relapse, deteriorate and require escalation.

Consideration should be given to national advice and IPC guidance when reviewing the placement of patients.

However, it was pleasing to note that in a number of cases the rehabilitation focus of the site had facilitated the recovery of patients so that they were able to be successfully discharged back to their own homes or another community setting efficiently and safely. We heard examples of a number of positive outcomes for patients as a result of the therapeutic input from a range of on-site therapy staff. In one example we found that a patient had been able to return to their own home, as opposed to a care setting, thereby successfully fulfilling that patients wishes and promoting their independence.

Improvement needed

The health board must consider the on-going suitability of its decision to admit patients under day 14 of their positive COVID-19 diagnosis, including the placement of these patients within the ward, to ensure that effective and IPC compliant care can be provided.

Record keeping

As specified in a number of sections of this report, we did not find evidence of high quality record keeping in the sample of patient records that we reviewed. Overall we found a number of omissions, inconsistencies and discrepancies in relation to records which had been completed by staff at the site and at other health board sites which had referred patients into the field hospital. As a result, we could not be assured that patients had always received effective care.

It was positive to note that the health board had responded quickly and robustly to our concerns in relation to record keeping. We were advised that increased senior nurse led audits of records were being undertaken on a daily basis with additional staff training also provided.

Improvement needed

The health board must ensure the importance of sound record keeping, including use of the correct pathway documentation, is emphasised to staff at all relevant sites.

This should be quality assured through regular patient record audits.

Information governance and communications technology

We confirmed that patients would be transferred with their full medical records as required and that systems were in place to access up-to-date electronic records, such as diagnostic results. Staff told us that records were kept securely and that there was a dedicated staff member who had oversight of the storage and security of records on-site.

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.

Governance, leadership and accountability

We found there to be a clear local governance model for the site, which included a number of operational and management groups. It was positive to note that a group had been established to oversee the inception and mobilisation of the site, which included a soft launch prior to admission of patients, which helped to orientate key staff and external partners.

Whilst we noted that daily safety meetings take place and that a monthly quality and safety meeting specific for the site had been established, it was unclear to us what level of assurance the main health board governance and committee structure receives in relation to the operation, delivery and governance of the site. Given the novel nature of the field hospital site and the natural risk associated with the previous model of care, we would advise the health board to consider how it is sighted on these matters.

We found evidence of effective partnership working at the site, including with the Welsh Ambulance Service who had been part of the soft launch and had been responsive when conveying patients and responding to emergencies.

Staff spoke positively of the support they received from senior staff. They were particularly complimentary about the on site effective leadership and support from the Clinical Lead Consultant, Director of Secondary Care Nursing, Head of Nursing and Matron.

We also found that there had been clinical engagement with the nearest cross-border acute setting to obtain feedback in relation to patients who had been transferred their on an exceptional emergency basis. However, we found that this was done on a piecemeal basis.

Improvement needed

The health board is advised to consider how the main health board governance and committee structures is sighted on matters relating to the field hospitals.

The health board should consider implementing a more consistent model for capturing feedback relating to exceptional emergency transfers in order to aid any learning or reflection.

Staff and resources

Workforce

We found that careful planning had been undertaken to ensure that there were a sufficient number of medical and nursing staffing at all times. This included a clear recognition of staffing needs between the phase one and phase two model, in which we found additional safety measures had been implemented in the latter, such as through ensuring the availability of at least one core nurse on each shift.

We also considered the staffing skill mix to ensure that patients care needs could be fully met. We found that the medical and nursing staffing model had been updated to reflect the change in the acuity of patients that were being cared for, which included staff with acute background to support existing staffing. It was positive to note that where patient needs could not be met as a result of temporary staffing number or skill mix issues, that patient referrals into the site were declined.

It was confirmed to us that a number of shifts had been filled through bank and agency use. However, we found that staff were block booked as much as possible to ensure their familiarity with the site and with its patients. We were told that the site had been fortunate in this respect due to the level of demand and interest to work at the site.

We found good evidence of upskilling and development for staff who had opted to work on site. We saw that a skills passport had been developed and that any training needs would be identified as part of this process. This was supported by a practice development nurse who we were told had provided invaluable support to all nursing and health care assistant staff.

4. What next?

Where we have identified improvements and immediate concerns during our quality checks 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 quality check
- 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 quality check where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

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

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

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

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

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
This was a remote quality check.			

Appendix B – Immediate improvement plan

Hospital: Ysbyty Enfys Deeside

Ward/department: Field hospital

Date of inspection: 11-11 February 2021

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
In relation to patient records, the Health Board must:				
• Undertake a case review of all emergency transfers from Ysbyty Enfys Deeside. This is to ensure that any learning is not duplicated in other care records;	Health and Care Standards (Wales) 3.1 / 3.3 / 3.5 / 5.1	A case note review was commissioned and led by the Deputy Executive Director, Dr K Clark, supported by Dr S Elghenzai (COTE Consultant) and E Humphreys (Head of Nursing for Medicine). The review took place on 22/02/2021.	Dr K Clark	22/02/2021 – Completed
• Provide HIW with a summary of these findings, including any themes, learning or reflections that have taken place as a result of the reviews;		The review outlined above will be written up and shared with HIW.	Dr K Clark	02/03/2021

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
• Provide any available incident reports relating to the care of patients Ysbyty Enfys Deeside		A report showing incidents is enclosed. We have also included (tab: detail) a list of the top reported incidents to enable correlation with your inspection findings Please see attached Appendix B- table of evidence	L Vernon	23/02/2021 – Completed
• Ensure that any identified learning has been applied and that this has been channelled through the appropriate field hospital AND Health Board level governance mechanisms as appropriate.		Clinical and operational leadership teams have reviewed the learning – this is attached in Appendix B – table of evidence. Key learning that has been identified and actioned for improvement will be monitored via our Patient Safety & Quality Health Board wide meeting (chaired by the Executive Nurse Director)	L Vernon	23/02/2021 – Completed Patient Safety & Quality Meeting 16th March 2021

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): M Jones

Job role: Director of Nursing – Secondary Care

Date: 23/02/2021

Appendix C – Improvement plan

Hospital: Ysbyty Enfys Deeside

Ward/department: Field hospital

Date of inspection: 10-11 February 2021

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				
• Given the novel field hospital environment, the Health Board must ensure that end of life discussions are recorded in patient notes prior to their transfer to the site to help ensure that patients have made an informed choice.	4.1 Dignified Care	• Update Enfys referral form to include confirmation that end of life discussions have been recorded in the patient's notes prior to transfer and discussion undertaken with patient and/or family. • Complete monthly audit on the referral forms to provide assurance to the patient safety and quality group.	E. Hall E. Hall	22/03/21 22.04.21

Improvement needed	Standard	Service action	Responsible officer	Timescale
• The Health Board must ensure that the correct pathway and documentation is used in order to ensure that receive individualised care in line with its own policy and national guidelines for end of life care.		• Nominated medics and nurses to undertake end of life pathway training 16/03/2021. • Cascade end of life training to the wider team to achieve a compliance of 75%. • Continue to audit EOL pathway completion in monthly matrons audit. • Include compliance regarding end of life pathway documentation within Ysbyty Enfys Triple A report to the Secondary Care Patient Safety and Quality Group.	E. Hall E. Hall K. Scandariato C. Froom	16/03/21 30/03/21 Completed 09/04/21
• The health board must review its site IPC policy and substantive risk assessment in order to ensure that IPC standards according to the patient group and model of care are being met. Consultation with Public Health Wales is advised to ensure	2.4 Infection Prevention and Control (IPC) and Decontamination	• Multi-disciplinary meeting between infection prevention, PHW and Ysbyty Enfys clinical team to review IPC risk assessment to align with current guidance.	C. Abbott	30/03/2021

Improvement needed	Standard	Service action	Responsible officer	Timescale
that any best practice updates are taken into account.				
• The health board must consider the on-going suitability of its decision to admit patients from day ten of their positive COVID-19 diagnosis, including the placement of these patients within the ward, to ensure that effective and IPC complaint care can be provided.	Safe and effective care	• See above action		
• The health board must ensure the importance of sound record keeping, including use of the correct pathway documentation, is emphasised to staff at all relevant sites. • This should be quality assured through regular patient record audits.	3.5 Record keeping	• Director of Nursing for Secondary Care to highlight the findings regarding sound record keeping to respective Directors of Nursing, reiterating the importance of meeting the expected standards and use of correct pathway documentation. • Monthly Matron's Accreditation Audit to be re-instigated and compliance with documentation standards tabled at BCUHB Seniors meeting.	M. Jones/?? D. Hickman D. Hickman	30/03/21 30/03/21

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
• The health board is advised to consider how the main health board governance and committee structures is sighted on matters relating to the field hospitals. • The health board should consider implementing a more consistent model for capturing feedback relating to exceptional emergency transfers in order to aid any learning or reflection.	Governance, Leadership and Accountability	• Governance committee structure YED to Board to be reviewed. • Triple A report for YED submitted to Secondary Care Patient Safety and Quality Group Monthly. • Within the Tactical Command Structure, Ysbyty Enfys rep completes the Bedford SITREP and attends the 10am and 4.30pm conference calls to detail site position and reporting any transfers. Exception reporting to the EIMT meeting via Tactical Command operational report. • DATIX reported and a Make It Safe is completed within 72 hours. The learning for this is captured and reported at YED Quality & Safety meetings and if necessary, escalated through to the	D. Hickman C. Froom C. Froom C. Froom	22/03/21 Completed Completed Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Secondary Care patient safety and quality meeting.		

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): M Jones

Job role: Director of Nursing(Site)

Date: 17/03/2021