

HIW Hospital Inspection Report (Unannounced)

Dan Danino Ward, Morriston
Hospital, Swansea Bay University
Health Board

Inspection date: 25, 26 May and 1 June 2022

Publication date: 30 August 2022



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Digital ISBN: 978-1-80364-768-5

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Morriston Hospital, Swansea Bay University Health Board on 25, 26 May and 1 June 2022. The following hospital wards were reviewed during this inspection:

- Dan Danino Ward - 18 beds providing Cardiac Surgery services

Our team, for the inspection comprised of three HIW Inspectors, one clinical peer reviewer and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Feedback from patients about the services they received was very positive. Patients we spoke with during the inspection were very satisfied with the care and treatment received on the ward.

Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

There were a number of information boards on the ward that helped patients understand their care and treatment.]

This is what we recommend the service can improve:

- [Publicising the Welsh language ‘active offer’ to patients.]

This is what the service did well:

- [Very positive feedback from patients about the services they had received
- Staff supported patients in a dignified and respectful manner with good interactions observed between staff and patients.]

Safe and Effective Care

Overall summary:

We noted efficient and effective arrangements were in place for medicines management and mandatory checks were completed on resuscitation equipment. Staff were evidently committed to providing patients with safe and effective care.

The wards were well maintained, clean and tidy and arrangements were in place for infection prevention and control. There was clear evidence that the ward was safe and provided clinically effective care.]

This is what we recommend the service can improve:

- [Complete cardiac telemetry sheets for relevant patients
- Carry out intentional rounding on the ward.]

This is what the service did well:

- [The new pre-assessment process on the ward to ensure that patients can be admitted on the day of surgery
- Medicine management was generally of a high standard.]

Quality of Management and Leadership

Overall summary:

[We found evidence of good teamwork and support. Staff were professional and committed to delivering a high standard of patient care.

Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Overall, feedback from staff indicated that they were happy with the level of support and engagement from both their immediate and senior managers.

We found that management and leadership was focused and engaged with the inspection process.]

This is what we recommend the service can improve:

- [Mandatory training compliance levels.]

This is what the service did well:

- [Mentoring and training of student nurses
- Training opportunities for staff
- Clear management and leadership on the ward.]

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 14 were completed. Patients were asked in the questionnaire to rate their overall experience of the service. They all rated the service as 'very good'. Patients told us:

“Overall, an outstanding service.”

“This service is wonderful considering how overworked the staff are.”

“Staff fantastic and made the stay so much better.”

Responses indicate a positive patient experience for this setting across all areas. Comments about staff were particularly positive. Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received are shown below:

“I can't say, service is so good.”

“The food, not enough fresh salad or veg, same food every week, veg is frozen and over cooked, not good for a cardiac ward.”

Staff Feedback

HIW also issued an online survey to obtain staff views on the Dan Danino Ward. In total, ten responses were received from staff at the hospital. Responses indicate a positive staff experience across all areas, with all ten staff being satisfied with the quality of care and support they give to patients. They agreed that they would be happy with the standard of care provided by their hospital for themselves or for friends and family and recommending their organisation as a place to work.

Staying Healthy

Health Protection and Improvement

Patient information leaflets were available on the ward. There was also a healthy eating board on the ward for patients to read. Patients we spoke with referred to the dietary changes they had been advised to make and relevant exercise programmes needed to improve their health. However, there was not information available relating to smoking cessation.]

Dignified care

Dignified care

We noted that staff treated people with respect and kindness including explaining to patients what their procedure would entail. We heard several conversations between staff and patients, where staff appeared courteous and helpful. The ward round was observed, with discreet discussion in the corridor away from the patient area.

Patients appeared comfortable with staff. We noted staff respecting patient's privacy and dignity, this included staff being discreet and sensitive when speaking to patients and when speaking about patients to other staff. Additionally, curtains were drawn appropriately when staff and patients were meeting personal care needs. Signs were visible on bathroom doors to indicate whether the room was vacant or engaged. Signs were seen to be used to let other people know when treatment or care was taking place. Staff were also timely in directing patients to the bathroom when needed.

Patients on the ward appeared well cared for and all stated that they had easy access to washing facilities.

Patients who completed the questionnaires agreed that staff]treated them with dignity and respect, were always polite and listened to them. They also agreed that staff listened to their friends and family and talked to them about their medical conditions and helped them to understand them. Additionally, they stated that staff were kind and sensitive when they carried out care and treatment and provided care when required. Patients also agreed that measures were taken to protect their privacy, that they had time to eat at their own pace and that staff helped them to eat if they needed assistance.

All patients agreed they always had access to water on the ward and that staff helped them to drink if they needed assistance. They also all agreed that when

they needed to go to the toilet, staff gave them a choice about the method they could use and helped them with toilet needs in a sensitive way. Patients had access to a call bell and they all agreed that when they used this, staff come to them.

All ten staff in the questionnaire also agreed that patient privacy and dignity was maintained, patients and their relatives were involved in decisions about their care and sufficient information was provided to patients.

[The arrangements relating to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR), showed that discussion and decision making was undertaken appropriately and sensitively. Doctors liaised with patients and nursing staff on this. Nursing staff felt supported by the medical staff.

There were no issues with the ward environment which impacted on patient dignity and respect. Staff we spoke with gave examples of where reasonable adjustments were in place or made so that everyone, including individuals with particular protected characteristics, could access and use services on an equal basis.]

Communicating effectively

[There was evidence of good practice regarding communication on the ward. Planned admissions were provided with written leaflets prior to admission. Most patients we spoke with felt they had adequate explanations of procedures and conditions. All patients stated they felt comfortable with staff and would be able to raise issues if needed. They also stated that staff were kind and reassuring.

There was evidence of bilingual posters on the ward and most signs from the main corridor were bilingual. The board that normally showed the staff on the ward (located in the Cyril Evans Ward corridor leading to the Dan Danino Ward) was currently being updated. There was a notice board on the ward where the named daily staff allocation was noted, alongside a pictogram of staff uniforms.

Regarding the Welsh Language Offer, also known as the ‘active offer’, one of the patients who answered the questionnaire selected Welsh as their preferred language. They indicated that they were not actively offered the opportunity to speak Welsh throughout their patient journey and that healthcare information was not available to them in Welsh.]

As regards the staff, none of the ten staff indicated they were a Welsh speaker; therefore, no Welsh language ‘active offer’ questions were answered. Staff who

could speak Welsh were seen to wear a Welsh logo on their uniforms. However, we did not notice the 'active offer' poster displayed on the ward.

Patient information

Staff we spoke with were aware of the need for discretion in communications about personal information with patients. If the patient wanted to speak to staff in private, an office was available. We observed staff speaking to patients in a quiet tone and they were aware of the need for discretion.

There were several notice boards on the walls of the ward that helped patients understand their care and treatment. All 14 patient respondents told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

Timely care

Timely Access

Most patients appeared content that needs were met in a timely way. Patients referred to some long delays regarding waiting lists and ambulance transfers, but these were prior to admission and not pertinent to the ward.]

Twelve of the thirteen patients who answered, said they felt they could access the right healthcare at the right time.

Individual care

Planning care to promote independence

We were told that the butterfly scheme was in use on the ward for patients with dementia. There were also signs in place on toilet and other doors to help assist patients with sensory problems or cognitive difficulties.

Patients were encouraged to be active and given equipment to help them walk. However, the ward was compact which limited the distance that patients could walk and move. One patient we spoke with said they were frustrated with the limited area to walk and they were not allowed to leave the ward. We noted that physiotherapists saw patients regularly and that appropriate footwear was available to patients. This multi-disciplinary support on the ward also extended to the work with the wound clinic, as well as physiotherapy support.]

Six of the ten staff agreed they have enough time to give patients the care they need, four disagreed. Eight of the ten respondents agreed they had adequate materials, supplies and equipment to do their work, with two disagreements. Nine staff agreed there was an appropriate mix of skills. All ten staff agreed they were satisfied with the quality of care and support they gave to patients.

People's rights

Most patients found the 'no visitors' policy both psychologically and emotionally challenging but were aware of the need for this due to the COVID-19 pandemic. We were told that if a patient required additional support, then special arrangements had been made to accommodate a visit from their relative. One patient stated private conversations were difficult to have with just curtains to screen the noise.

We were told that patients relatives and carers had also been provided with direct access numbers to the ward. Families and carers were discouraged from providing assistance and being involved in the patients care due to the green pathway of the ward.]

Listening and learning from feedback

There was information displayed around the ward about how patients and families could provide feedback about their care. A 'how are we doing' board was visible in corridor outside the ward. We were told that patients were provided with Community Health Council details for assistance to raise concerns if they should need too. Whilst patients did not appear to be aware of a complaints process, they did not require to use this and all those we spoke with stated they would feel comfortable to speak with staff. 'Putting Things Right' was displayed in five languages including Welsh and Polish in the ward. We were also told that feedback was collected and provided to the ward by the patient advisory liaison service at the hospital.

Staff we spoke with were not aware of any recent or current complaints and said they would assist people if they wanted to complain. They said that patients were generally complimentary, with the main issue being the lack of visiting. Staff also said that if there was a concern or complaint, they would try to deal with the issue on a ward level whilst the patient was still in the hospital. However, we were told that any complaints that were dealt with on a ward level would not be recorded. We also noted a number of thank you cards, from patients, in one of the staff offices within the ward.

Eight of the ten staff respondents agreed that patient experience feedback was collected within their directorate and department, but two did not know. Nine of the ten respondents said they received regular updates on patient experience feedback. Five of the ten respondents said feedback from patients was used to make informed decisions within their hospital, five did not know.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

[The ward was at ground level and easily accessible by wheelchair. There were three toilet facilities on the ward, one with a shower and one with a bath. Whilst the general environment appeared clean and in a good state of repair, the shower area looked like it would benefit from updating as it was stained. We were told that this had been previously replaced but had still appeared to be stained in a relatively short period of time. Staff also told us that the estates team at the hospital were quick to address any issues reported.

The ward appeared fit for purpose and there were sufficient facilities for patients. There were several pieces of equipment in the corridor on the way to the four bedded bay, but they were all kept on one side of the corridor. COVID-19 signs with guidance were evident, hand gel was available and staff were required to wear masks.

Patients we spoke with said that the facilities were accessible and the environment was clean with bedsheets changed on a daily basis. The curtains around patient beds were in a good state of repair.

However, we noted that the sluice area, which should be closed, was open and there were chlorhexidine tablets on the shelf, which would cause potential harm if ingested.]

Preventing pressure and tissue damage

We noted that patients were assessed for pressure ulcer risks on admission. There was evidence of appropriate skin assessment.

Falls prevention

[A notice board was noted on the ward relating to falls prevention. This was a clear visual guide that was a good example of the initiatives in place.

Audits had been carried out and reviewed at both ward and senior management level. Any recommendations and improvements were disseminated to staff. Staff appeared to be proactive in the area of falls prevention.]

Infection prevention and control (IPC)

All patients who responded to the questionnaire indicated that the setting was very clean and agreed that COVID-19 infection control measures were being followed where appropriate.

Personal protective equipment (PPE) was accessible and stored appropriately. We noted staff changing PPE in between each task and patient, using the correct donning and doffing procedures to minimise the transmission of infectious material. We noted appropriate green labels being used, which were signed. We also noted the regular cleaning of equipment used. Any suspected infectious patients could be isolated in a timely manner, as there were single rooms on the ward.

Safer sharp devices were used and we noted that sharps and bins were used and disposed of safely. There was information displayed on infection rates on the display boards. Staff we spoke with were able to describe the hand hygiene regime, which was in accordance with the posters on display. Staff were also able to describe the procedure to follow, if there was a needle stick injury.

We were told that high risk reusable items were decontaminated after each use and low risk items were cleaned with the appropriate wipes. The healthcare support workers and domestic staff we spoke with were also aware of their duties relating to infection control.

The ward would seek necessary advice and guidance from the IPC team onsite. We also noted infection control nurses on the ward during the inspection.

Regarding COVID-19 and other nosocomial infections we were told that there had not been any cases in the last three months. Staff we spoke with were able to describe the procedure they would follow to identify the root cause of any outbreak. Any lessons learned would be cascaded in ward meetings, huddles and handover / takeovers. All staff respondents to the questionnaire agreed there were appropriate infection prevention and control procedures in place and that there were appropriate decontamination arrangements for equipment and relevant areas. They also all agreed their organisation had implemented the necessary environmental and practice changes to comply with COVID-19 regulations. All but one member of staff responding agreed there had been a sufficient supply of PPE.]

Nutrition and hydration

There was a general feeling from patients that food could be more appealing, with increased choice and healthier options. There was reference to food being served

below temperature. During our inspection we noticed that meals were served immediately. From our observations on the ward, we noted that there was a choice of food available but patients could not pre-order food, although we were told that dietary or religious requirements would be accommodated. We were also told that the kitchen was very accommodating with any patient requests. We saw that all jugs of water were replenished as required, they were visible and to hand for patients. Hot drinks were easily accessible throughout the day.

The main lunchtime meal was served from a central food trolley. Food looked generally acceptable with three options available. Healthcare support workers asked individual patients their food options and provided this on a tray at the bedside. There were no patients requiring assistance with eating and drinking and meals were seen to be delivered in a timely manner. We did not witness patients being offered hand wipes before or after the meal, but all patients were independent with washing and dressing and able to access hand washing facilities.

Medicines management

Some small areas of improvement were noted but overall, the standards in this area were very high. The staff in charge of this were fully engaged and open to learning.

The relevant documentation was signed and dated when medicines were prescribed and administered. However, the charts did not have the name of the patient written inside the charts.

It was clear what was being prescribed, recorded and administered, with the relevant entries signed. This included oxygen and intravenous fluids. However, the charts did not give the reasons where medication was not administered.

The ward benefitted from the involvement of a dedicated cardiac pharmacist and pharmacy technicians. The arrangements for accessing medicines out of hours was described.

Staff were aware of the medicines management policy and how to access this. All drugs, including controlled drugs (CDs), were stored securely. The records of CDs were well recorded in a clear format and the regular checks of these drugs were recorded and signed. Fridge temperatures were monitored and recorded daily.

Staff checked the patients' identification bands prior to administering medication. To ensure a system for safe and calm administration of medicines red tabards were worn by the administering nurse.

The checks of the resuscitation trolley were completed daily and all items on the trolley were in date. There was appropriate testing of equipment carried out.]

Safeguarding children and safeguarding adults at risk

Most patients said they felt safe in the environment. Staff we spoke with were aware of the safeguarding process and who to talk to if there was a safeguarding issue identified. Staff we spoke with also showed a good awareness of the Deprivation of Liberty Safeguards (DoLS) and the documentation required. We were told that the relevant nurse educators took responsibility for training compliance and updates to legislation. We were also told that patients would be pre-assessed before admission and that any patients with any DoLS would be noted at this stage.

Blood management

[The systems in place to identify potential risks and appropriate actions to ensure the safe sufficient supply of blood, blood components and blood products were described. We were told that blood, components and products were ordered and managed as per local and national guidelines. The spoke we spoke with showed a competent knowledge of the transfusion process and the ward manager reported compliance with this training. Further we were told that any events relating to blood management would be reported on DATIX.]

Medical devices, equipment and diagnostic systems

The right equipment and medical devices to meet the needs of patients was noted on the ward or was readily available on the nearby ward. Staff, estates and contractors were responsible for maintaining equipment as required. All devices seen were labelled showing when the equipment was last checked or serviced. Staff we spoke with were aware of the arrangements for reporting faults with equipment. Staff also stated that some items, such as dressing trollies for each bay, foot stools and clipboards for the monitoring bed bay had been previously purchased for the ward but had been lost in the ward movements. Staff believed there was a clinical need for these to be replaced.

Effective care

Safe and clinically effective care

Patients we spoke with referred to the excellent care, friendly staff and that they would always be indebted to the NHS. One patient said that their journey to this

point during the initial emergency was frustrating and unduly delayed with long ambulance and emergency department waits.

We saw that the sepsis six pathway was used. We saw evidence that staff used the measure of a National Early Warning Score (NEWS) score of over three as the benchmark that triggered the use of the sepsis tool. One newly qualified member of staff we spoke with showed an excellent knowledge and awareness of sepsis.

The ward staff we spoke with said they had enough time to provide care safely and that they were able to manage their time well. The ward manager reported that there had been some staff shortages on times and that they would step in to help if needed. An electronic patient at a glance board was used, which we saw staff viewing regularly.

We were told that safety notices would be displayed if any alerts were received. The ward did not use intentional rounding as the system to ensure patients received routine, safe, effective and systematic care. There was evidence of daily skin checks and bundles. Intentional rounding was not used as healthcare support workers (HCSW) tended to be in the bays with the patient.

Senior staff we spoke with referred to safety crosses being used where there were issues with pressure areas and that there was a falls fundamentals monthly audit. There were also monthly audits of infection prevention and control and hand washing as part of the fundamentals of care package. These were also displayed on a notice board in the ward.

We were told that all staff were aware of the clinical guidelines associated with their area of practice and knew how to access the relevant clinical policies and procedures. Examples given include the National Institute for Health and Care Excellence (NICE) guidelines and the transcatheter aortic valve implantation (TAVI) pathways. Staff also had access to the Nursing and Midwifery Council Record Keeping Guidance for Nurses and Midwives.

Regarding the staff questionnaires, nine of the ten respondents agreed the hospital took swift action to improve when necessary. A member of staff commented:

“Bed areas could be bigger; they are very small especially when the curtains are drawn and leave very little space for carrying out [treatment]. The layout of each area could also be improved, the poor layout means you have to stretch behind the beds to reach suction ports and oxygen outlets. There are also not enough power points to support various machinery used in patient care or for patient use with the technology there is now.”

All ten respondents agreed that care of patients was the organisation's top priority, and that the organisation acted on concerns raised by patients. They also agreed that, overall, they were content with the efforts of their organisation to keep them and patients safe. Additionally, all ten respondents would recommend their organisation as a place to work and would be happy with the standard of care provided by their organisation for themselves, their friends or their family.

Quality improvement, research and innovation

We spoke with senior staff about the Getting it Right First Time (GIRFT) report on the cardiac surgery service at the health board. The Welsh Health Specialised Services Committee (WHSSC) commissioned GIRFT to review both services (at Cardiff and Swansea) in Wales due to a concern about health boards meeting their commissioned figures for procedures undertaken.

The board received regular reports on the assurance of the actions taken, the improvement plan in progress and key deliverables. The process was explained and we were provided with a copy of a presentation given. This presentation concluded that the process had resulted in improved efficiency, quality and safety and a positive patient experience.

In addition, we spoke with staff about the review from the Royal College of Physicians (RCP) and the actions taken in response to improve outcomes relating to transcatheter aortic valve insertion. We saw the assurance framework for the delivery of the Royal College of Physicians' recommendations relating to the case note review presented to the management board via the Quality and Safety Governance Group.]

We were also told that, during the pandemic, cardiologists had been based in the emergency department. As a result, they had been able to early identify patients with cardiac issues to refer to the cardiac centre, and treatment was given earlier to these patients. Subsequently, there is a plan to open chest pain assessment beds in the cardiac centre. Anyone presenting with chest pain or meeting certain criteria would then be redirected to these assessment beds.

The pre-assessment process was also described as a recent process that had been introduced following the GIRFT review. Consequently, the ward now they can admit patients on the day of surgery successfully. All patients admitted on the cardiac surgery ward go through a pre-assessment and are better prepared with the relevant information. Patients were aware of the procedure and any exercise needed prior to attending, as well as being better prepared before the treatment. Staff we spoke with stated that this process would also be carried out as part of

the TAVI pre-assessment and then cardiology pre assessment before admissions, in the future.

Record keeping

We checked a sample of five patient care notes. There was clear accountability and evidence seen of how most decisions relating to patient care were made. There was easy access noted for staff when required and the records were sent to the central records department, following patient discharge. Patient care notes and nursing documents were kept in a key padded trolley for each bay.

The patient care notes seen were generally of a good quality in terms of accuracy, being up to date, complete, understandable and contemporaneous. We were told that an electronic encryption system for nursing records was being introduced. One set of notes completed by one of the student nurses on the ward was also an example of good, clear and concise nursing notes.

However, there was no evidence of a cardiac telemetry sheet to monitor patients' rhythm and arrhythmia whilst on telemetry. There was evidence that this was written on an ad hoc basis in patient notes but there needs to be a regular check recorded. Additionally, we noted one instance where a patient was transferred with nutritional needs but this was not referenced in the ward. They were also identified at being of risk of falls but when assessed at the ward there was not a risk identified. The discharge plan was not completed and neither was there a clear plan for follow up.

We noted from one set of notes for a patient from a Secondary Centre, that the patient had suffered an out of hospital cardiac arrest. It appeared the timely treatment for optimal patient need as per The Quality Statement for Heart Conditions 2021 were not followed. The patient did receive, in time, the optimal treatment and then assessment by a heart rhythm specialist as required by the Welsh Governments Out of Hospital Cardiac Arrest Plan 2017. Patients should receive the treatment referred to above in a timely manner.

There was also an example of good practice noted for one patient where a symptom was identified and the relevant medication given and this was well managed.]

Quality of Management and Leadership

Governance, Leadership and Accountability

We spoke with senior staff on the ward and they stated that the matron and deputy head of nursing were on the ward, or available, on a daily basis. We also noted that the matron and deputy head of nursing worked in uniform to show that they were available for clinical roles if needed. Staff also confirmed this and that they were in touch with the senior managers on a daily basis. Support was also available from the surgical staff on a daily basis. The system of sharing information with staff and from staff to management was described as well as the regular meetings on the ward.

There were several information boards on the wall in the ward, containing information ranging from how the heart works, to falls prevention, nutrition and audits completed. This showed a level of engagement and desire to pass on knowledge to patients and staff.

Management on the ward were receptive to our comments during the inspection and we believed that the management and leadership on the ward was of a good quality and the senior team were very approachable throughout. Management was fully engaged with the inspection and all staff were passionate about the care given to patients. Additionally, all staff we spoke with took the time to answer our questions and appeared to be knowledgeable about their role.

We asked a series of questions of staff in the questionnaire, nine of the ten staff who responded said they regularly had sight of new guidance, patient safety alerts and medical device alerts. These nine members of staff all said they felt assured that they were supported to implement and adhere to these.

All ten members of staff who completed the questionnaire agreed they were able to meet the conflicting demands on their time at work. Seven of the ten respondents agreed they are involved in deciding on changes introduced that affect their work area and that there was enough staff to do their job properly. However, three disagreed.

The ward manager spoke of the system used if there were any challenges around staffing levels and training which affected patient care. These included whole hospital staffing meetings, cardiac safety huddles as well as managers meetings.]

Workforce

We were told that whilst staff turnover and sickness absence was generally low within the cardiac unit, some members of staff had left recently on promotion. The ward manager was able to describe the measures put in place in the interim to cover these shortfalls and that two qualified vacancies would be filled when students qualified from training in September.

It was noted that several students worked on the ward during their training and a number of these said that they hoped to have the opportunity to join the permanent ward staff when they qualified. There were twelve students allocated to the ward in total. There were practice assessors and supervisors available for the students for 60% of the time and students worked with a nominated nurse.

The ward manager believed that staffing levels were appropriate and the staffing numbers on the ward increased on Mondays and Wednesdays as TAVI patients were admitted on these days when an extra nurse worked on the day and night shifts.

The staffing rotas were checked for a month and these were in order. We were told that if a patients' acuity increased whilst on the ward there was the opportunity to move the patient into the nearby intensive treatment unit or the coronary care unit. Additionally, pre-planning (capacity) meetings were held twice weekly. This was to ensure the necessary staff and equipment was available, with the right skills mix, including surgery staff, for the patients due to be admitted for surgery in the next week. Also, this would reduce the possibility of surgery being cancelled.

Professional Development

We asked three members of staff, who had worked in their current role for less than a year, about mentorship and preceptorship. They all said they had received appropriate mentorship and preceptorship since commencing their current role and they all thought it was for a long enough period of time.

Seven of the eight staff who answered said their competency-based objectives were signed off before they started practicing in all treatment. Nine of the ten staff felt that they had appropriate training to undertake their role and one felt they had not, with the following explanatory comment:

“Essential training is often cancelled, sometimes at short notice.”

All ten respondents agreed their training, learning and development helped them to do their job more effectively, stay up to date with professional requirements

and deliver a better patient experience. They also all said that they had an annual review or appraisal within the last 12 months. Whilst seven members of staff said that training, learning or development needs were identified, during their appraisal, three said they were not. All seven who had training, learning or development needs identified said their manager supported them to receive it.

We saw evidence that all staff on the ward had received an appraisal review in the last 12 months. We were also provided with evidence of the completion rates of staff mandatory training. This varied from 39% for the equality module to 78% for fire training. Staff agreed that these completion rates needed to improve. We were also told that the figures also included four new members of staff who had yet to complete any training.

The ward manager described the training available to staff, this included one clinical training session a week. Whilst mandatory and some other training was available online, face to face training had only recently restarted and staff were being booked on the courses as they become available. The ward manager had also started training on the management pathway. One member of the domestic staff had also trained as a healthcare support worker.

We saw evidence that staff had been allocated roles as ward champions on different areas such as safeguarding, fire and manual handling.

From the responses made by staff about their immediate manager, all ten respondents agreed their immediate manager could be relied on to help with a difficult task at work and gave them clear feedback on their work. Eight of the ten agreed their immediate manager asked for their opinion before making decisions that affected their work. All ten said their immediate manager was supportive in a personal crisis.

Regarding senior management, all ten staff who completed a questionnaire said they knew who senior managers were and that they were visible. Nine of the ten respondents agreed communication between senior management and staff was effective. Of the eight members of staff who expressed an opinion, six agreed that senior managers tried to involve staff in important decisions and acted on staff feedback. All ten respondents said senior managers were committed to patient care.

All ten respondents agreed their organisation encouraged teamwork and that partnership working with outside departments was effective. Nine staff agreed that partnership working with other (internal) departments was effective. Again, nine of the ten respondents agreed the hospital supported staff to identify and solve problems.

Health and Wellbeing

Staff we spoke with said that they had full access to, and the full support of the occupational health department. Any staff who wanted to be referred to the department could either self-refer, or they could ask the ward manager to refer them.

Eight of the ten staff agreed that their job was not detrimental to their health. All ten staff agreed that their organisation took positive action on health and wellbeing, they were offered full support when dealing with challenging situations, and they were aware of the Occupational Health support available to them. Nine of the ten staff agreed that their current working pattern and off duty allowed for a good work-life balance.

Reporting Incidents and Concerns

Staff we spoke with said that all incidents were reported on DATIX and these were reviewed at ward level and senior management teams where relevant. All qualified staff were able to use DATIX. Healthcare support workers would report any incidents to a qualified member of staff to enable the completion of DATIX. All staff were aware of the processes to refer any incidents to other services including safeguarding where relevant.

Any learning from incidents were communicated to staff during handover and regular ward meetings. We are advised that all learning was shared and if the incident had actions, recommendations or changes to policy or processes these were all communicated and discussed at ward meetings. The quality and safety team were aware of audit incidents across the health board and learning was shared where relevant across the health board.

One of the ten respondents indicated that, in the last month, they had seen errors, near misses or incidents that could have hurt staff or patients. All applicable staff said that the last time they saw an error, near miss or incident, they or a colleague reported it. All ten respondents agreed their organisation encouraged them to report errors, near misses or incidents and treated staff who were involved fairly.

Nine of the ten respondents agreed that their organisation treated reports of errors, near misses or incidents confidentially. All ten respondents agreed that, when errors, near misses or incidents were reported, their organisation took action to ensure that they do not happen again. They said they were given feedback about changes made in response to reported errors, near misses and incidents.

All ten respondents said that, if they were concerned about unsafe clinical practice, they would know how to report it, and that they are confident their organisation would address their concerns. Nine of the ten said they would feel secure raising concerns about unsafe clinical practice.

Equality

Staff we spoke with knew of the equality and diversity champion in the hospital and that they felt respected and treated equally. They felt their rights and the rights of patients were respected. All were aware of the training in equality and diversity and where to find the policies.

All ten respondents agreed staff had fair and equal access to workplace opportunities. They all agreed their workplace was supportive of equality and diversity.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Dan Danino Ward, Morriston Hospital

Date of inspection: 25 and 26 May 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues.				

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

Service: Dan Danino Ward, Morriston Hospital

Date of inspection: 25 and 26 May 2022

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board must ensure that additional health promotion information is available on the ward such as smoking cessation information.	Standard 1.1 Health Promotion, Protection and Improvement	Smoking cessation information sourced, including English and Welsh literature and laminated posters for all bays and notice board. Also guidance around healthy lifestyle handouts sourced.	Sister - Dan Danino Ward	September 2022
The health board must ensure that information is displayed on the 'active offer', providing a service in Welsh without someone having to ask for it.	Standard 3.2 Communicating Effectively	Education drive within the admitting nurses both on the wards and in our pre-admission clinics that this service is available. All patients now have an active offer of their service in Welsh.	Matron - Cardiac Services	July 2022

The health board must ensure that all complaints or concerns on the ward are recorded.	Standard 6.3 Listening and Learning from Feedback	All verbal or written complaints are now logged on our Datix system. This has been communicated to all staff.	Matron - Cardiac Services	July 2022
The health board must ensure that the shower area is updated.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	The update of the existing shower room awaits quotes from contractors, and commission of another shower room is in the planning stage.	Matron - Cardiac Services	March 2023
The health board must ensure that the sluice area is kept closed and that any items that would cause a danger to patients if ingested are removed from this area.	Standard 3.1 Safe and Clinically Effective Care	All staff have been reminded of safe practice in the sluice area. The ward nurse in charge now audits the area to the expected level every shift. This also remains part of the normal monthly audits carried out by the Ward Manager and Matron.	Sister - Dan Danino Ward	July 2022
The health board must ensure that the relevant medication charts include the name of the patient on all pages of the documentation.	Standard 2.6 Medicines Management	The medication charts are now labelled on every page. Our medical teams were reminded of the guidelines and all charts checked by nursing staff and pharmacy during their use.	Matron - Cardiac Services	July 2022

		Medication charts audited weekly to ensure compliance.		
The health board must ensure that the reason for any medication not administered is recorded within the medication chart.	Standard 2.6 Medicines Management	<p>An education drive around medication charts was undertaken informally after the inspection with all staff. The charts are audited weekly by the ward manager, and monthly by the matron to ensure compliance.</p> <p>In addition, HEPMA (Hospital Electronic Prescribing and Medicines Administration) is due to be introduced to Morriston over the next few months. Audit from Singleton Hospital indicates that there are safeguards built in to manage non-administration.</p>	Matron - Cardiac Services	July 2022
The health board must ensure that the items, such as dressing trollies for each bay, foot stools and clipboards for the monitoring bed bay are replaced.	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	All equipment available to the ward area audited and replacements ordered. Monthly audits to ensure equipment is fit for purpose or to replace missing equipment undertaken. Delivery for some items still outstanding.	Sister - Dan Danino Ward / Matron - Cardiac Services	July 2022

<p>The health board must ensure that the system of intentional rounding is used to ensure that a structured approach, whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs, is carried out.</p>	<p>Standard 3.5 Record Keeping</p>	<p>Intentional rounding reintroduced to the ward area and appropriate documentation in place, education and communication undertaken with all ward staff.</p>	<p>Sister - Dan Danino Ward</p>	<p>July 2022</p>
<p>The health board must ensure that patients receive timely treatment for optimal patient care as required by the Quality Statement for Heart Conditions 2021.</p>	<p>Standard 3.5 Record Keeping</p>	<p>All in-patients have their heart rhythms monitored continually by telemetry. This is now recorded during each shift within their nursing notes. We will develop a system for improved documentation of telemetry that can be added to the patients' notes for the Cardiac Centre collectively.</p>	<p>Sister - Dan Danino Ward</p>	<p>September 2022</p>
<p>The health board must ensure that discharge and follow up plans are completed for all patients.</p>	<p>Standard 3.5 Record Keeping</p>	<p>All discharge and follow-up plans are completed by the Nurse Practitioners on the ward area. The secretarial support for the Centre's Consultants are emailed on the patient's discharge to book follow-up appointments.</p>	<p>Sister - Dan Danino Ward</p>	<p>July 2022</p>

<p>The health board must ensure that mandatory training compliance is significantly improved.</p>	<p>Standard 7.1 Workforce</p>	<p>A rolling programme to ensure all staff reach full compliance with mandatory training is planned and underway. Staff identified and booked on their rota to attend face to face training. Time given to staff to complete. Compliance monitored via ESR.</p>	<p>Ward Administrator / Sister - Dan Danino Ward</p>	<p>12 month rolling programme in place</p>
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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): Louise Jenvey

Job role: Interim Head of Nursing

Date: 1/8/22