Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection (Unannounced)

Surgical Services: Trauma and Orthopaedic care

Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board - Pre-operative Assessment Clinic, Operating Theatres Department, Ward 7 and Day of Surgery Arrivals Unit (DOSA)

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: **0300 062 8163**

Email: **hiw@gov.wales**

Fax: **0300 062 8387**
Website: **www.hiw.org.uk**

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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 an unannounced inspection of Ysbyty Glan Clwyd within Betsi Cadwaladr University Health Board on 02, 03 and 04 July 2019. The following hospital sites and wards were visited during this inspection:

- Pre-operative Assessment Clinic
- Operating Theatres Department
- Trauma Ward 7 (unplanned admission for trauma and orthopaedics)
- Day of Surgery Arrivals Unit (DOSA)

Our team, for the inspection comprised of three HIW Inspectors, (one of whom led the inspection, one supported the lead inspector and one who undertook the role of lay reviewer), and five clinical peer reviewers. These comprised of a surgeon, anaesthetist, theatre manager and two registered nurses. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct inspections of trauma and orthopaedic surgery can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service generally provided safe and effective care. However, we had some immediate concerns for patient safety in relation to the prevention of venous thromboembolism, and clinical decision making prior to transfer out of the DOSA.

We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We found that the staff team were committed to providing patients with safe and effective treatment and care.

We found very good management and leadership across all the areas inspected, with staff commenting positively on the support that they received. However, consideration must be given to rectify the concerns raised by some staff in relation to adequate staffing levels, with the appropriate skill mix.

We found some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Care provision
- Multidisciplinary working
- Good staff engagement
- Provision of patient information
- Clinical overview, reporting and audit
- Safety culture and adherence to policies and procedures in Theatres

This is what we recommend the service could improve:

- Person centred care planning and assessments

- Structure of trauma meetings
- Some aspects of patient flow
- Theatre de-brief
- Oxygen prescribing
- Ring fenced fracture neck of femur beds
- Some aspects of staff training
- Management of intensive care patients in recovery area
- Staff recruitment

We had some immediate concerns which were dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. These were in relation to: the prevention of venous thromboembolism and clinical decision making prior to transfer out of the DOSA. Details of the immediate improvements we identified are provided in Appendix B.

3. What we found

Background of the service

Glan Clwyd Hospital (Ysbyty Glan Clwyd) is the district general hospital for the central area of North Wales. It was built in 1980 and it is situated in rural surroundings at Bodelwyddan, a small community that lies four miles south of Rhyl. The hospital serves a population of approximately 195,000. The acute hospital service has a total of 499 beds, with a full range of specialties.

Glan Clwyd Hospital is run by the Betsi Cadwaladr University Health Board, the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 676,000 people across the six counties of North Wales as well as some parts of mid Wales, Cheshire and Shropshire.

Pre-operative assessment clinic

The pre-operative assessment clinic is a nurse led outpatient service. Here, patients' physical and mental health needs are assessed; decisions being taken about whether they are fit for anaesthetic and surgery. Patients are also tested for the presence of infection such as MRSA[1] at this stage in the care process.

Operating Theatres

American Society of Anaesthesiology Classification (ASA)[2] 3-4 high risk and complex, elective orthopaedic cases are performed at Glan Clwyd hospital. Theatre H, a purpose built theatre with laminar flow[3], is set aside for this purpose. Theatre H is used for orthopaedic cases three days a week from 9.00am until

[1] Methicillin-Resistant Staphylococcus Aureus (MRSA) is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. www.nhs.uk

[2] A system used by anaesthetists to stratify the severity of patients' underlying disease and potential for suffering complications from general anesthesia.

[3] A system of circulating filtered air in parallel-flowing planes which reduces the risk of airborne contamination and exposure to chemical pollutants in surgical theaters.

5.00pm (Monday,Wednesday and Friday). Theatre G is set aside for orthopaedic and trauma cases. The theatre is in use seven days a week with sessions starting at 9.00 am until 5.00 pm.

In addition to the provision at Glan Clwyd hospital, low risk ASA1-2 elective cases are performed in theatres 1 and 2 at Abergele hospital, with sessions running from 9.00am to 5.00pm Monday to Friday. Both these theatres are laminar flow. Most of the cases performed at Abergele hospital are lower limb arthroplasty, shoulder, hand and feet cases. On rare ocassions some low risk knee revision arthroplasty[4] is also performed at Abergele.

Ward 7

Ward 7 at Glan Clwyd Hospital is the trauma ward where patients who have sustained hip fractures and other fractures are admitted. Most of the cases are acute emergency cases. Semi urgent cases such as shoulder and ankle fractures are also treated as acute trauma cases.

Day of Surgery Admissions Unit (DOSA)

DOSA provides three ring fenced beds for high risk elective orthopaedic cases, with more routine elective cases being admitted onto Ward 6 at Abergele hospital. DOSA also accommodates ambulatory trauma patients who attend for day case procedures .e.g. fixation of a forearm fracture. Patients are admitted on to the ward, and prepared for theatre, by nursing staff employed at Ysbyty Glan Clwyd. Nursing staff based at Abergele hospital then attend the ward in order to provide post operative care. Patients normally stay on DOSA over night and are then transferred back to Abergele hospital the following day, if deemed fit to do so.

The service provided at Abergele hospital did not form part of this inspection.

[4] The surgical reconstruction or replacement of a joint.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. 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.

We saw staff attending to patients in a calm and reassuring manner.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the standard of care they have received at the hospital. In total, we received 10 completed questionnaires.

All patients who completed a questionnaire provided positive feedback on their experience during their time in hospital, with all patients rating their overall experience as either excellent or very good.

Patient comments included the following:

> *"The majority of staff were very pleasant and helpful and caring. The cleaning staff in particular were very helpful, picking up dropped items and passing things to you, filling extra water jugs, etc"*
>
> *"Been excellent, some staff better than others especially the Welsh speakers"*
>
> *"Very impressed with professionalism of everybody"*

We also distributed HIW questionnaires to staff working on Ward 7, theatres and DOSA. We visited both wards, pre-operative clinic, operating theatres and the patient recovery area. This was, in order to obtain staff views on services provided to patients. Comments received, are noted throughout this inspection report.

Staying healthy

Pre-operative Assessment Clinic

We considered the arrangements in place to prepare adults for their planned surgery at the pre-operative assessment clinic based at Ysbyty Glan Clwyd.

The pre-operative assessment clinic's screening process followed standardised national guidelines and identified patient's individual risks for surgery. Priority is given to urgent cases and those patients who have been on the waiting list for a long time. The pre-operative clinics were led by clinical nurse specialists with anaesthetic input available to review potentially complex patients. The availability of anaesthetic support was reported as being inconsistent due to staffing issues and this, on occasions, led to appointments being cancelled.

Appointments were booked two weeks in advance. However, consideration is being given to book appointments four weeks in advance in order to improve the service.

Patients are screened in relation to Body Mass Index (BMI)[5], smoking, active infections (to include Methicillin-resistant Staphylococcus Aureus (MRSA)), and any skin problems that could compromise or delay surgery. Routine bloods, urine, Electrocardiogram (ECG) tests are undertaken. Patients are offered suitable advice on how to improve their health prior to surgery. We found that assessment documentation did not cover patients' medical history in great detail and that more detailed documentation would better highlight high risk patients and those patients that would benefit from timely anaesthetic input in the assessment process.

Joint schools[6] were conducted with input from anaesthetists, physiotherapists and occupational therapists, to prepare patients before joint replacement surgery.

[5] Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women.

[6] Joint School: Joint school is a group session with other patients having hip or knee surgery that is aimed towards educating patients about the process of surgery and how they can be actively involved in the recovery process.

Standardised care pathways were in place. These included protocols for the care of patients before, during and after surgery.

Audits were being conducted to monitor patients' average length of stay following surgery and the most recent results indicated that the average time following planned hip and knee surgery was approximately three days. This was achieved through implementation of enhanced recovery after surgery (ERAS)[7] protocols.

Wards

We saw a range of health promotion posters and information for patients and carers to read.

Red Robin volunteers visited Ward 7 a couple of times a week, to spend time talking with patients and engaging them in one to one activities.

The Butterfly[8] scheme was in operation on the Ward 7, whereby butterfly symbols were used to identify patients with a diagnosis of dementia or cognitive impairment, and who required additional support or a different approach to the provision of care. Other symbols were also in use to identify patients who required additional support such as, assistance with eating and drinking. Ward 7 had also signed up to John's Campaign, which encourages and enables relatives of people with dementia to stay with them whilst on the ward and assist with aspects of care. There was a designated relatives' room on Ward 7 in support of this.

We were informed that funding had been agreed to appoint a specialist nurse for the ward, to assist in the care of people with cognitive impairment or a diagnosis of dementia.

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[7] Enhanced recovery is a modern evidence-based approach that helps people recover more quickly after having major surgery. Many hospitals – although not all – have enhanced recovery programmes in place, and it's now seen as standard practice following surgery for many procedures.

[8] The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

A request had also been put forward to free up charitable funds in order to purchase additional televisions for the ward.

Improvement needed

The health board must:

- Review the availability of anaesthetists to ensure that patients are assessed as required in pre-operative clinics, and reduce the number of cancelled appointments and operations.
- Ensure that the pre-operative assessment documentation captures patients' medical history in greater detail.

Dignified care

During the course of the inspection, and across all the areas inspected, we saw staff treating patients with respect, courtesy and politeness at all times.

Most patients who completed a HIW questionnaire said that they had been treated with dignity and respect during their time in hospital. However, two patients commented:

> *"Unfortunately, in part due to staff shortage, we were often kept waiting for a bedpan or trip to toilet for 30 mins, desperate in case you wet the bed. Also sometimes I waited over 30 mins for painkillers"*
>
> *"They sometimes talk at me instead of talking to me. Always have to wait"*

Pre-operative Assessment Clinic

We did not have the opportunity to witness clinic staff interacting with patients within the pre-operative assessment clinic. However, we saw that consulting room doors were closed when staff were reviewing patients, thus helping to maintain patients' privacy and dignity.

Wards

We saw ward staff being kind and compassionate to patients, and treating patients with respect, courtesy and politeness. We also saw staff promoting privacy and dignity when helping patients with their personal care. This was

achieved by closing dignity curtains around bed areas and closing doors to side rooms, toilets and shower rooms.

Patients appeared well cared for on the wards, with staff paying specific attention to people's appearance and clothing. The environment on both wards was clean and tidy, adding to the sense of patients' well-being.

We also found that staff spoke quietly and discreetly wherever possible, to avoid their conversations with patients being overheard by others.

Theatres

Within the theatre department, we saw patients being treated with dignity and respect when they were awake and asleep (under anaesthetic). Staff maintained patients' privacy and dignity by ensuring doors to anaesthetic rooms were closed during induction of anaesthetic, and also ensuring patients were not unnecessarily exposed. Staff covered patients when they were awake and asleep, as appropriate to the surgery being undertaken. Furthermore, patients in the recovery area were appropriately covered and their privacy and dignity maintained by drawing curtains around each bed/bay when required.

When patients were waking up after their operation in recovery, we heard staff appropriately orientating patients to the time and place, and explaining that they were waking up following their surgery. In addition, staff spoke discreetly to the patients wherever possible, to prevent others overhearing.

Improvement needed

The health board must reflect on the comments made by patients, and ensure that they are treated with dignity and respect at all times, and that staff are responsive to their care needs.

Patient information

Patient Information and Consent

Patients told us that staff explained everything that was going to happen to them during the operation or procedure. Additionally, the same patients told us that the anaesthetist had seen them before the operation, to explain about how they would be put to sleep for their surgery, and to control their pain after.

We found that the process of obtaining consent varied, with one consultant obtaining consent in the pre-operative clinic, whilst others held separate clinics for this purpose.

We looked at a sample of patient records and saw that patient consent forms had been completed appropriately. These were legible and the use of medical jargon and abbreviations had been avoided. We saw that appropriate consideration was given, and measures were set in place, to gain consent from patients who were unable themselves to give valid consent (such as those patients with dementia).

Pre-operative Assessment Clinic

Patients waiting for planned joint replacement surgery attended the pre-operative assessment clinic. The clinic staff confirmed that patients were provided with verbal information about their surgery and we saw copies of information booklets that were provided to patients. Verbal and written information included details about the hospital admission process, fasting before surgery and advice on whether or not to take prescribed medication. The leaflets also contained supporting information for patients having joint replacement surgery before and after the operation, and through the recovery process at home.

The joint schools, for patients awaiting planned joint replacement surgery, also provided patients with useful information about their surgery, recovery phase and physiotherapy. This allowed patients enough time to ask questions and make a decision on whether to proceed with their joint replacement surgery or not.

Wards

Directions to the wards were clearly displayed. Notice boards on both wards were used to display the names of the nurse in charge and other staff on duty.

General information was available on Ward 7, relating to carers' support, Macmillan services and Nurse Staffing Levels (Wales) Act 2016[9]. There was

[9] Nurse Staffing Levels (Wales) Act 2016 The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and was fully implemented in April 2018. The Act requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively.

limited information available to patients on DOSA due to the nature of the service provided, and the relatively short time that patients stay on the ward.

Theatres

We found that patients were verbally oriented to the theatre department on arrival and that pre-operative checks were cross checked with the patient. Patients were also provided with the opportunity to ask questions before being taken into the operating theatre. This opportunity was also the same within the recovery department, following their operation.

Communicating effectively

Throughout our visit, and across all the areas inspected, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

Most patients told us that, overall, they felt that they have been given enough information about all aspects of their care during their stay at the hospital. Where applicable, patients also felt that they had been given enough information on what to do once they leave hospital.

Pre-operative Assessment Clinic

We identified that there was effective communication to both patients and other relevant health care professionals (that was pertinent to the patient journey through the hospital and primary care), before and after the surgery.

Relevant information was provided to patients about their surgery and recovery, and also regarding their admission to hospital, their stay and discharge information. In addition, predicted discharge dates were also provided to patients. This meant they had an awareness of when they were likely to go home, and to establish if any discharge or social care needs were likely to be required, to support the discharge process.

Wards

Some staff working on both wards were bilingual (Welsh and English). This allowed Welsh and English speaking patients to discuss their care and support needs in the language of their choice. All except two patients who completed a questionnaire told us that they could always speak to staff in their preferred language.

On the whole, patients commented positively about their interactions with staff during their time in hospital. The majority of patients who completed a questionnaire told us that they could always speak to staff when they needed to, and also said they had been listened to by staff during their stay. In addition, all patients told us that they had been involved, as much as they wanted to be, in decisions about their care and that they had been given enough time to make decisions about all aspects of their care. Patients also told us that the majority of staff introduced themselves the first time they came to provide them with care.

Patients were asked in the questionnaire about the quality of information provided to them by staff both before and after their operation or procedure. Almost all patients who answered these questions told us that staff explained everything that would happen to them during the operation or procedure. Similarly, patients told us that the anaesthetist came to see them to explain how they would be put to sleep or to control their pain.

After the operation, just over half of patients who answered this set of questions confirmed that they were visited by a member of staff, who explained to them how their operation went.

We were told by staff that doctors and nurses met separately at set times every day to provide a handover when shift changes took place. This was in order to communicate and discuss patients' needs, plans, relevant risks and any safety issues, and to maintain continuity of care. We also saw that nursing staff had access to prepared patient handover sheets, which were updated daily, so that all staff were aware of key patient treatment, care plans and any significant issues.

A television monitor was used on Ward 7 to display electronic patient safety at a glance (PSAG) information. Swipe cards were used by authorised staff to gain entry to the patient information system, and care was taken to ensure that the monitor was turned off when not in use to maintain confidentiality.

Pre-operative Communication (ward to theatre handover)

We observed a structured verbal patient handover between ward and theatres. There was a structured and standardised pre-operative checklist with all relevant patient information completed on the ward, and this was signed by both the ward nurse and the theatre assistant and operating department practitioners. This was

consistent with that outlined in the National Safety Standards for Invasive Procedures (NatSSIPs)[10].

Post-operative Communication (theatre to recovery handover)

We observed good verbal handover from the operating team to the recovery team. This handover included both surgical and anaesthetic information. However, there was no standardised checklist to support this process.

Improvement needed

The health board must produce a checklist to support the theatre to recovery handover process.

Timely care

We found that there were generally good assessment and care planning processes in place across most of the areas inspected, to enable timely and appropriate care.

Staff worked well with other members of the multidisciplinary healthcare team to provide patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals, such as the tissue viability specialist nurse and dietician.

We found that there were adequate discharge planning systems in place, with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospital.

Pre-operative Assessment Clinic

Patients received timely care within the pre-operative assessment department and staff reported that there were generally sufficient pre-operative assessment clinic appointments to ensure optimisation of patients prior to surgery.

[10] NatSSIPs - The National Safety Standards for Invasive Procedures refers to the implementation of surgical safety systems and processes. Implementing the standards is expected by all NHS services by September 2017.

The pre-operative assessment clinic did not provide a one-stop service[11] for all pre-operative appointments. This meant that, in some cases, four or five repeat hospital visits were required. We recommended that consideration be given to streamlining the assessment process in order to reduce the number of times that patients have to attend clinics prior to surgery.

Planned Surgical Care

We considered the arrangements for the timely care and treatment for those patients admitted to hospital for planned surgery.

We were informed that there were very few cancellations of surgery due to missing paperwork from the pre-operative clinic. However, some delays in surgery were reported due to lack of, or missing paperwork from the ward.

A surgical patient pathway transformation programme had been implemented by the health board, in order to monitor and improve patient care and to reduce the number of cancelled surgical procedures. Monthly management meetings were taking place to look at key performance indicators relating to the surgical pathway. These included theatre utilisation, the number of cancelled operations, late starts and early finishes of theatre operating lists, and any significant or never events[12].

The most recent audit figures showed that there had been a reduction in planned orthopaedic surgery cancellations over the past three months (11.2% down to 7.3%), and an improvement in theatre utilisation (from 83.7% to 87.2%).

The most common, but potentially avoidable reasons for cancellation included: insufficient staff on duty (due to sickness or vacant posts), patients not being adequately prepared for theatre (therefore, resulting in last minute notification of not being fit for surgery), lack of intensive care beds and, on occasions, over-booking of theatre lists (meaning not enough time to undertake all the planned

[11] Services which offer surgical outpatient appointments and pre-assessment clinic appointments are focussed on patient convenience and are known as “one stop services”. This is available in some, but not all hospitals.

[12] Never event is the term commonly used to describe the kind of mistake or incident [i.e., medical error] that should never happen in the field of medical treatment.

operations in a scheduled day). In addition, some planned surgical lists were cancelled to accommodate trauma surgery.

We were informed that there was only one junior doctor on duty over the weekends to cover the ward and emergency department admissions. This meant that the doctor on duty had to take blood when a phlebotomist is not available, set up intravenous infusions, undertake reviews of patients on the Ward 7 and any trauma/orthopaedic patients, referred to as 'outliers', who were accommodated on other wards within the hospital. There was Advanced Nurse Practitioner (ANP) cover for some weekends, but not all weekends. This arrangement could potentially prevent patients from receiving timely care, particularly if the emergency department is busy and patients on the ward require urgent attention. Consideration should therefore be given to appointing a second doctor or an ANP, to cover busy periods and possibly arrange support from a phlebotomist to take blood samples over the weekends.

Handover undertaken by junior doctors was mostly verbal with no written record retained. This requires an improvement and we strongly recommend that handovers be recorded for evidence and tracking purposes, in the event of any subsequent issues.

There was no orthogeriatrician, also referred to as a perioperative care doctor, employed at the hospital at the time of our inspection. This meant that frail elderly patients needing orthopaedic surgery did not routinely have specialist medical input to their care, in accordance with best practice[13]. Patients with acute medical conditions could be reviewed by general medical doctors through referral arrangements between the orthopaedic and medical teams within the hospital. However, this does not replace the specialist input to patient care that can be provided by an orthogeriatrician, and also caused some delays to receiving their operation. In addition, there was no trauma nurse practitioner employed at the hospital to co-ordinate the care of patients admitted with trauma injuries.

[13] The NHFD identifies the role of the orthogeriatrician as a key component for elderly trauma care – specialists in the care of such people when they are admitted with hip fractures and other orthopaedic problems. These doctors help to make sure that patients are as fit as possible before their operation, support them following surgery and lead the rehabilitation team.

The lack of both orthogeriatrician and trauma co-ordinator meant that the orthopaedic surgeons had competing clinical priorities such as, performing surgery, co-ordination of patient lists and medical management. There were also issues in securing timely physiotherapy support to patients with no cover available out of hours, which meant that any patients operated on late afternoon have to stay in overnight, so that they can be seen by a physiotherapist the following morning. This was the case even if patients were admitted as day cases.

We found that there was good communication across all disciplines of staff and within the management team. We also found that there was good overview of the service by the management team, and the ongoing work that the surgical directorate was already undertaking in monitoring performance and making plans for improvement was excellent. A performance analysis undertaken by the management team showed that they were aware of the additional work required to further improve planned surgical care.

Trauma Care

We considered the arrangements for the timely care and treatment for those patients admitted to hospital for surgery following trauma.

There was a standardised pathway in place to promote a consistent and agreed approach for the effective assessment, treatment and care of patients admitted to hospital with a fractured hip. This pathway also ensures that all aspects of clinical guidelines[14] are followed in a standardised way and on an individualised basis. However, we found evidence that the pathway was not being applied consistently, particularly with regards some elements of post-operative care.

We attended trauma meeting on all three days of the inspection, speaking to relevant staff and exploring the arrangements for trauma operating list scheduling. We found that all three meetings were short in duration. This was due to time constraints on the consultant leading the trauma meeting. As a result,

[14] A clinical guideline recommends how healthcare professionals should care for people with specific conditions. They can cover any aspect of a condition and may include recommendations about providing information and advice, prevention, diagnosis, treatment and longer-term management.

there was little opportunity to discuss cases in detail, and little opportunity for junior doctors in attendance to learn from the process.

We were informed that the format of daily trauma meetings could vary depending on which consultant was facilitating the meeting and the prevailing workload. On occasions the meetings would be more formal, with more time given to discussing individual cases in detail, whilst on other occasions, the meetings could be very short.

We were informed that there were very few cancellations of trauma surgery. However, some delays in surgery were reported due to patients not being ready for surgery or patients not well enough to be operated on. Every effort was made to backfill any cancelled trauma surgery cases so that theatre time was maximised.

The 2018 National Hip Fracture Database (NHFD)[15] figures for the hospital showed that only 6.8% of patients presenting with hip fractures were admitted on to the ward within the four hour nationally agreed time frame. This was, in the main, due to delays in assessing patients in the emergency department and delays in arranging investigations such as X-rays, electrocardiogram (ECG), and blood test.

We were informed that there were no designated, ring-fenced beds available for patients who presented with fractured neck of femur. We were told that this was not a major issue in terms of ensuring timely surgical intervention, and that the nationally expected 36 hour target for surgery was being met in the majority of cases, with fractured neck of femur patients being prioritised on theatre lists. However, figures presented during the inspection showed that the average patient transfer time from the emergency department to Ward 7 was 36.9 hours. We also found that frail elderly patients with hip fractures were not always

[15] The NHFD is a national clinical audit commissioned by the Healthcare Quality Improvement Partnership (HQIP) and managed as part of the Falls and Fragility Fracture Audit Programme (FFFAP) by the Care Quality Improvement Department of the Royal College of Physicians, with professional representation from the British Orthopaedic Association and the British Geriatrics Society.

prioritised on lists, and our discussions with staff on both ward and in theatres confirmed that this was a regular occurrence.

The average length of stay for patients with hip fractures following surgery was 14.2 days, compared to the Wales average of 20.4 days

Improvement needed

The health board must:

- Review the pre-operative clinic arrangements with the aim of reducing the number of times that patients have to attend clinic prior to surgery
- Take steps to reduce the number of cancelled operations resulting from missing paperwork
- Review medical staff cover and consider appointing a second doctor or an ANP to cover busy periods, and consider arranging support from a phlebotomist to take blood samples over the weekends
- Ensure that verbal handovers undertaken by junior doctors are recorded
- Give consideration to employing an orthogeriatrician, to address the perioperative medical care of high risk frail, elderly patients with complex medical issues, trauma co-ordinator and additional physiotherapists to improve the provision of care to trauma and orthopaedic patients.
- Review the format of the trauma meeting to ensure that sufficient time is made available for meaningful discussions about patients, and to facilitate the further development and educational of junior doctors
- Implement strategies to reduce delays in transfer of patients with fractured neck of femur from emergency department on to the ward
- Consider providing ring fenced beds to accommodate for patients with fractured neck of femur.

Individual care

Planning care to promote independence

Wards

We found that the care planning process took account of patients' views on how they wished to be cared for. Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients also told us that staff assisted them and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible. For example, we saw staff encouraging patients to walk, and assisting them to eat and drink independently.

Care plans were generic in nature and not person centred. However, we observed that care was being provided on a person centred basis.

Improvement needed

The health board must ensure that care plans are person centred in format.

People's rights

Peoples' rights were promoted within each of the clinical areas we inspected.

Patients' privacy and dignity was being protected by staff when delivering care. For example curtains were used around individual bed areas and doors to single rooms were closed when care was being delivered.

Deprivation of Liberty Safeguards (DoLS)[16] assessments were being conducted as required. Two patients on Ward 7 had DoLS assessments in place at the time of the inspection.

We saw that patients could be accompanied by their relatives or carers throughout their patient journey (including the pre-operative assessment clinic and ward).

Relatives and visitors were present outside of dedicated visiting times; some assisting their family members with eating and drinking. We also saw the display

[16] DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

of information about John's Campaign[17] within the wards, for the benefit of patients and their relatives. The above indicated that there was an emphasis on recognising and addressing patients' needs, as well as those associated with relatives and carers.

Listening and learning from feedback

Just over half of patients who completed a questionnaire said that they had not been asked for their views about the care they had received during their stay in hospital. Additionally, just under half of patients who completed a questionnaire told us that they would not know how to make a complaint if they weren't happy about the care they had received during their stay in hospital.

We saw that the health board had a formal complaints procedure in place. Any complaints received were recorded on the electronic Datix[18] system. There were posters available, within the reception area adjacent to Ward 7, explaining the NHS Wales Putting Things Right process[19]. There was a suggestion box in reception for patients and relatives on Ward 7 to comment on the service provided. There was also an active Patient Advice and Liaison Service (PALS) in the hospital, who offer confidential advice, support, and information on health-related matters. They also serve as a point of contact for patients, their families and their carers. We spoke with members of the PALS team who said they do not receive many suggestions for improvements from patients and relatives on Ward 7.

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[17] John's Campaign was founded in November 2014. Behind its simple statement of purpose, lies the belief that carers should be welcomed, and that collaboration between patients and all those connected with them is crucial to their health and their well-being. John's Campaign applies to all hospital settings: acute, community and mental health and its principles could extend to all other caring institutions where people are living away from those closest to them. http://johnscampaign.org.uk/#/

[18] Datix is a patient safety, web-based incident reporting and risk management system for healthcare and social care organizations.

[19] 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales.

Improvement needed

The health board must ensure that patients are given every opportunity to provide feedback on the care that they receive.

Delivery of safe and effective care

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

Overall, we saw that checks to ensure patient safety in theatres were performed well. However, we identified that improvement was required in some areas of the Five Steps for Safer Surgery.

We also identified that improvement was needed to ensure that patients had been assessed and treated for their risk of developing a venous thromboembolism.

We saw generally good evidence in relation to the prevention and management of pressure ulcers across the inspected wards and within theatres.

Wards and theatres were also clean and generally tidy and we saw good evidence of infection prevention and control.

Overall, we found that patients were safely fasted for surgery to minimise the risk of aspiration. However, the current process in place was not effective because patients were being fasted of oral fluid (and food), longer than was necessary, and not as recommended within national guidelines.

Safe care

During our inspection, we could not find any evidence of completed pre-operative venous thromboembolism (VTE) risk assessments, or post-operative reviews of VTE risk, within six of the twelve patients' care files inspected.

During our inspection, we found that Band 5 staff nurses, working on DOSA, were assessing and making clinical decisions regarding patients' fitness following surgery. Following this, they were arranging transfer from Ysbyty Glan Clwyd to Abergele Hospital, without any medical input or overview.

Our concerns regarding the absence of VTE risk assessments, and the assessment of patients prior to transfer from DOSA, were dealt with via our immediate assurance process. This meant that we wrote to the service

immediately following the inspection, requiring that urgent remedial actions were taken. Details of the immediate improvements we identified, and the subsequent response from the health board, are provided in Appendix B.

Managing risk and promoting health and safety

Pre-operative Assessment Clinic

We found that the pre-operative assessment clinic was clean and tidy. We did not identify any obvious risks of environmental hazards that would impact on the safety of staff or patients.

Ysbyty Glan Clwyd submits data to the National Hip Fracture Database (NHFD) and the National Joint Registry (NJR)[20]. However, we found that the NHFD information submitted was unreliable and was not reflective of the service provided at the hospital. This was due, in part, to the fact that the responsibility for collating and inputting the data was delegated to one person, and that there was no specialist hip fracture nurse employed at the hospital to oversee this process.

Wards

We found the ward areas to be well maintained and systems were in place to report environmental hazards that required attention and repair.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis, in order to reduce the risk of harm to patients and staff.

The ward environment was generally free from any hazards to patient, visitors and staff safety.

Staff on DOSA told us that they often feel isolated, particularly during the evenings, overnight and weekend periods, due to the location of the three bed bay on the day care unit. They also expressed concern about the arrangements

[20] The National Joint Registry (NJD) of England, Wales, Northern Ireland and the Isle of Man exists to define, improve and maintain the quality of care of individuals receiving joint replacement surgery across the NHS and the independent healthcare sector.

in place for theatres staff to respond to the emergency call bell. Staff informed us that theatre staff were not always available to assist. Staff members also expressed concern about the delays experienced in securing timely medical support on DOSA, particularly outside normal working hours. Staff also expressed concern about the lack of a formal arrangement to cover staff breaks and also told us that they often have to stay on at the change-over of shifts to await the arrival of staff from Abergele hospital, who can often be delayed in traffic.

Theatres

We found that there was an excellent safety culture with the theatre environment with excellent adherence to nationally agreed safety steps and quality standards.

All theatre staff who completed a questionnaire agreed that the theatre department had a good patient safety culture.

Most respondents said they are given enough time to prepare for each theatre list.

Comments from staff included:

> *"Good commitment. Theatre staff well prepared. Amazing work done in critical situations."*
>
> *"Theatre staff are excellent at ensuring compliance…...I feel reassured by the safety guideline compliance."*

Risk assessments were being undertaken to reduce the risk of harm to patients and staff. However, a surgeon working in one of the general surgery theatres, expressed concern about the quality and safety of some of the equipment in Theatre A, and in particular one of the operating lamps which was not functioning as it should. This was escalated to the theatre manager and directorate general manager. An engineer attended and repaired the lamp. We confirmed that a Datix notification had been submitted and issues added to the risk register. We were informed that a capital bid had been submitted to upgrade some of the equipment within theatres.

We witnessed safe and effective communication between all disciplines of theatre staff. Supporting documentation and record keeping was found to be very good with satisfactory handover of care between theatres, recovery and the ward.

The National Safety Standards for Invasive Procedures (NatSSIPs).

Effective leadership was evident and we found good application of both Local Safety Standards for Invasive Procedures (LocSSIPs) and the NatSSIPs.

The Five Steps to Safer Surgery

We asked theatre staff within the HIW questionnaire about aspects of safety checks, and they provided positive feedback about most of the checks. The staff were asked how much time is factored into their daily work plan to complete the safety steps. Half of the staff who replied told us that the time that they are given to complete the safety steps is not long enough.

We looked at how the Five Steps to Safer Surgery were performed within the trauma operating theatre. The five steps are; Safety Briefing[21], Sign in[22], Time Out[23], Sign Out[24] (which are the three steps of the World Health Organization (WHO) Surgical Safety Checklist[25]) and Debriefing[26].

Safety Briefing

The vast majority of staff who responded to the questionnaires stated that there were processes and practices in place to ensure that patients receive timely, safe and effective care.

During the inspection, we saw that the safety briefings always occurred (and with all the relevant team members present) at the start of the trauma and elective

[21] Safety Briefing is where the operating team meets to share their safety concerns and discuss patients individually as a team for the first time.

[22] Sign In is the first safety check which is performed when the patient immediately arrives in theatre and before the anaesthetic is given.

[23] Time Out is the final safety check which is performed before the operation starts.

[24] Sign Out is the safety check which is performed immediately after the operation. It checks the right procedure has been performed, that items (such as instruments, swabs and needles) have not been left in the patient and checks that everyone knows if there has been a problem.

[25] WHO Checklist The Checklist are three steps for checks ensuring that the correct patient is undergoing the correct operation, on the correct part of the body with the correct implant. The WHO checklist consist of Sign In, Time Out and Sign Out.

[26] Debriefing is the fifth and final step. After operating has finished the operating team meets to discuss what went well and what needs to be improved. Anything important is written down and fed into the local safety network so staff in theatres learns from mistakes and good practice is shared. Debriefing also contributes towards creating a safety culture.

orthopaedic operating sessions. Theatre staff we spoke with, and those who completed a questionnaire, confirmed that briefings were always undertaken.

We found that time was allocated to perform the briefing and that it took place in the anaesthetic room adjacent to the theatre. This helped to maintain patient confidentiality. We saw that noise and interruptions were minimised during the briefing to promote effective communication between the team members. All staff attending the briefing meeting, were expected to pay close attention to what was being discussed, and stand facing the trauma team leader presenting the information.

Important aspects relating to each individual patient were discussed, and a standardised briefing model was used. The lack of a standardised model increases the risk that aspects relevant to a patient's safe and effective care may be missed. A standardised document was used to provide a record of the briefing and any comments were hand written on to the list for each patient.

Theatre staff explained that prosthesis[27] and associated equipment requirements were confirmed at the briefing and recorded. The trauma team leader was responsible for ordering and checking these prior to the operation.

Word Health Organization (WHO) Surgical Safety Checklist

A standardised checklist was used and was verbalised to the teams by the relevant theatre staff at each of the three steps of the WHO Surgical Safety Checklist (such as Sign In, Time Out and Sign Out). The checklist included relevant checks that had to be verbally confirmed to promote patient safety and well-being whilst in theatre and before handover to recovery staff.

We found that the WHO checklist steps were performed diligently by staff.

Debriefing

[27] A prosthesis is an artificial body part e.g. a hip joint prosthesis is use to replace a diseased or broken hip joint

The majority of the theatre staff that completed a questionnaire said that the surgical safety debriefs rarely, or never take place at the end of each theatre list. Theatre staff we spoke with also confirmed that debriefing did not always occur. In addition, we did not witness a debriefing take place after any of the theatre lists we observed had finished. As a result, there was no clear process in place for identifying what had gone well and what needed to be improved, on a daily basis.

Incident Reporting (Theatres)

An effective system for reporting, recording, investigating and learning from patient safety serious incidents was identified and described by a number of staff. We found an encouraging and open incident or near miss reporting culture within theatres. This is important to identify learning from incidents or near misses and therefore promotes patient safety. Senior staff were able to provide examples of learning from incidents and the action taken to prevent similar incidents happening again.

Patient safety notices were shared with staff in theatres. However, there was no system in place to ensure that staff had read and taken appropriate action in response to safety notices.

Improvement needed

The health board must:

- Ensure that accurate and up to date information is entered onto the National Hip Fracture Database
- Consider appointing a specialist hip fracture nurse
- Review the provision of support to staff working on DOSA
- Ensure that appropriate, formal systems are set in pace to provide medical cover for patients on DOSA
- Ensure that safe and effective measures are set in place to respond to emergency call bells on DOSA
- Ensure that staff working in theatres are given sufficient time in order to complete the safety steps
- Ensure that safety debriefs take place at the end of each theatre list
- Ensure that there is a system in place to confirm that staff have read and taken appropriate action in response to safety notices.

Preventing pressure and tissue damage

Ward

We were able to confirm that staff were taking appropriate action to prevent patients developing pressure and tissue damage.

We looked at a sample of care records and found that written risk assessments had not been completed in all cases. We did however, note that suitable pressure relieving equipment was available and being used to help prevent patients developing pressure damage. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure damage.

The monitoring records we saw showed that patients had been assisted or encouraged to move their position whilst in bed, or in an armchair, regularly. We also saw staff assisting and encouraging patients to move around the ward environment. Both of these nursing interventions are known to help to reduce patients developing pressure ulcers.

The audit results for the management of pressure ulcers were clearly displayed on a notice board in Ward 7 for patients, visitors and staff to see. This demonstrated that a positive approach was being taken by the ward team in relation to pressure sore prevention and care. The results showed that there had been no pressure damage issues on the ward for 68 days.

Theatres

We observed that patients' skin was protected when they were positioned on the operating table. We also saw that patients' limbs were supported to help reduce pain after the operation and for staff to check patients' skin and potential pressure points for tissue damage. Padding was available and used to protect patients' against developing pressure sores whilst in theatre.

Improvement needed

The health board must ensure that pressure area risk assessments are undertaken routinely using a recognised nursing assessment tool.

Falls prevention

Ward

We reviewed a sample of patient records on Ward 7 and DOSA and saw that not all patients had been assessed for their risk of falls.

Safety crosses for the incidence of falls were displayed on Ward 7. These showed the number of patient falls that had occurred during the current month. The figures showed that there had been a number of falls recorded. Some of the falls were as a result of a lack of staff oversight, and related to patients who should have been receiving one to one supervision.

Theatres

We observed how unconscious patients (following anaesthetic) were transferred from trolleys onto the operating table. We saw that there were sufficient numbers of staff to safely move and position patients as required onto the operating table. Moving and handling equipment was readily available and used by staff correctly as appropriate. Likewise, we saw safe procedures when patients were transferred from the operating table onto a bed or trolley following their surgery.

Improvement needed

The health board must ensure that falls risk assessments are undertaken routinely and that sufficient staff are deployed in order to reduce the risk of falls.

Infection prevention and control

Wards

There was a comprehensive infection control policy in place, and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

Infection control audit outcomes were displayed on a notice board within Ward 7.

Staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection.

Patients admitted for planned orthopaedic surgery were admitted on to the DOSA ward, whilst patients admitted as a result of trauma injuries were admitted on to Ward 7. This was good practice and these arrangements helped to promote effective infection prevention and control. Side rooms were also available to care for patients who required isolation to minimise the risk of cross infection.

We saw that the wards were clean and generally free of clutter to promote effective cleaning. Signed and dated green labels were routinely used to show that shared equipment, such as commodes, had been cleaned and decontaminated.

Ward 7 displayed audit results for Clostridium Difficile (C. Diff)[28] and MRSA. The results showed that the ward had excellent results with their last known acquired cases of C. Diff and MRSA.

Within the sample of patients' care records we reviewed, we saw that a sepsis[29] screening tool[30] was available within the All Wales National Early Warning Score (NEWS)[31] (patient vital observation charts). This aims to identify patients who may be developing sepsis, to ensure that prompt medical review and treatment could be commenced.

Theatres

The operating theatres, anaesthetic rooms and recovery area were clean and tidy. We confirmed that air flowed from the theatres in a way to promote effective infection prevention and control. PPE (including theatre hats and masks) was available within theatres and the recovery area. Appropriate facilities were in place for the safe disposal of clinical waste, including medical sharps. Hand washing and drying facilities together with hand sanitising gel were available within theatres and the recovery area.

The hospital had appropriate facilities which ensured all the surgical instruments were sterile before use. After use, instruments were appropriately processed by the sterile services department (instrument cleaning and decontamination department) for sterilisation, repackaging and storage. We were assured that that everything was completed appropriately to ensure the sterility of surgical

[28] Clostridium Difficile (C. Diff) is a bacterium that can cause symptoms ranging from diarrhoea to life-threatening inflammation of the colon.

[29] Sepsis is a serious complication of an infection. Without quick treatment, sepsis can be life threatening.

[30] Sepsis Screening Tool

[31] National Early Warning Score (NEWS) charts.

equipment for operations, and all instruments could be traced to individual patients if required.

We found that staff used a recommended method when scrubbing up (cleaning their hands and nails appropriately), prior to participating in surgical procedures. We also found that staff opened instrument sets using a strict aseptic technique[32]. Similarly, a strict aseptic approach was used when patients' skin was cleaned prior to their surgery.

We saw that there were arrangements in place to deter staff from entering theatres unnecessarily. Doors to theatres were kept closed when in use, and signs were displayed to remind staff not to enter operating theatres when operations were being performed. These arrangements help to reduce the risk of patients developing preventable infections as result of surgery.

Nutrition and hydration

Patients told us that they had a choice of meals each day and were happy with the food.

We saw that patients' eating and drinking needs had been assessed. We also saw staff assisting patients to eat and drink in a dignified and unhurried manner.

Patients had access to fluids, with water jugs available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

The ward promoted protected meal times. This ensured that patients were not unduly disturbed during meal times so as to ensure adequate nutritional and fluid intake. However, where appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals.

[32] Aseptic technique is a set of specific practices and procedures performed under carefully controlled conditions with the goal of minimising contamination by pathogens to prevent cross infection.

We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way, allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently. Every patient who completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible.

The meals appeared well presented and appetising. Patients told us that the food was very good.

There was a process in place requiring staff to complete nutritional risk assessments for patients within 24 hours of admission. Patients' notes that we reviewed demonstrated that all patients had been assessed as appropriate.

We were informed that there were some delays in securing speech and language therapy assessment for patients with swallowing problems.

Fasting before Surgery

Fasting before an operation is essential to maintain patient safety. This is to minimise the risk of a patient vomiting or regurgitating fluids or food, and then aspirating[33] during the operation, when they are asleep under anaesthetic. The period of fasting should meet a certain minimum period but not unnecessarily prolonged.

The recommended guidelines for fasting before an operation will depend on patient characteristics, the urgency of the procedure (planned or emergency), the kind of procedure, the type of anaesthetic required such as, general (asleep) or local (awake). The guidance for a planned general anaesthetic in adults is that patients should drink clear fluids only, up until two hours before the operation and eating food is up to six hours before[34]. However, there is different guidance for fluid fasting in children since May 2018[35]. We therefore considered whether there

[33] Aspirate - to inhale something, especially a liquid, into the lungs.

[34] Peri-operative fasting in Adults

[35] Fluid fasting in children

was an effective process in place to ensure patients were safely fasted prior to their surgery.

Overall, we found that patients were safely fasted for surgery to minimise the risk of aspiration. However, around a third of patients who completed a questionnaire, told us that they were without a drink for more than eight hours before their operation. This is regarded as being excessive and requires further monitoring by the health board.

Patients who completed the questionnaire said they had been able to eat and drink when they needed to after their operation or procedure.

Improvement needed

The health board must ensure:

- That patients receive timely speech and language therapy assessments
- That measures are in pace to ensure that patients are not fasted for longer than necessary.

Medicines management

An electronic medication dispensing system was in use on the wards which was managed by the pharmacy department.

We observed medication being administered to patients and found the process to be in line with the health board's policy. However, we found examples where patients were being administered oxygen without it being prescribed.

We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication without becoming anxious or distressed.

Records showed fridge temperatures had been recorded daily, to check that medicines requiring refrigeration were being stored at temperatures

recommended by the medicines manufacturer. This is important to maintain medicine viability and to therefore, promote patient safety[36].

Medicines given by injection were stored separately from others to minimise the risk of medicine administration errors. Epidural or spinal medication was also stored separately from intravenous medications. This demonstrated compliance with the recommended guidelines for the management of epidural analgesia (pain) in the hospital setting[37].

Controlled drugs (CDs), which have strict and well defined management arrangements, were also stored securely on Ward 7 and in theatres. We saw that comprehensive records had been maintained demonstrating that appropriate checks had been completed when administering and disposing of CDs. We also saw that CDs used within theatres were subject to regular stock checks. The health board also had a comprehensive policy in place for the management of CDs. However, staff on DOSA expressed concern about the arrangements in place for theatre staff to assist in the checking of CDs on the unit. We were told that theatre staff were not always available to do this leaving the staff on DOSA vulnerable.

Improvement needed

The health board must ensure:

- That oxygen is not administered without prescription
- That appropriate processes are in place to support the safe checking and administration of controlled drugs on DOSA.

Safeguarding children and adults at risk

The health board had a policy and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. Training for

[36] Patient Safety Notice - for the storage of medicines in refrigerators.

[37] Guidelines for the management of epidural analgesia in the hospital setting

safeguarding children and adults was mandatory, and there were good processes in place to ensure staff completed training and training updates.

Patients said they felt safe and would be comfortable in speaking to a member of staff if needed. Conversations with staff in ward areas showed that they had an awareness of safeguarding procedures, including how they would report any alleged suspicions or known incidents of abuse.

Comments from ward and theatre staff who completed a questionnaire said that they were encouraged to report any patient safety issues, incidents and safeguarding concerns. This indicates a positive reporting culture that promotes patient safety.

During our inspection, there were five patients who required one to one supervision on Ward 7. At the time of the inspection, a health care assistant was required to remain with a group of patients in one four bed bay 24 hours a day, to maintain their safety and well-being. This placed additional pressures on staff availability and deployment.

Improvement needed

The health board must ensure that sufficient staff are on duty on each shift to maintain the safety of patients assessed as requiring one to one supervision.

Blood management

Wards

We reviewed the care record of a patient who had received a blood transfusion. We found evidence to demonstrate that appropriate safety checks had been completed by nursing staff on the ward.

Theatres

There was a system in place which ensured that patients, who needed blood, would receive the right blood, at the right time, and only if needed. We also found that the All Wales blood transfusion record was being used within the wards and theatres, so that transfusions were documented appropriately.

Theatre staff described the blood management process that was in use within theatres. We found that there were arrangements to promote the timely and safe

transfusion of blood products to patients when in theatre. A tracking system was described which ensures patient safety and robust audit. Any unused blood products were returned to the blood bank through the tracking system, to minimise wastage, if the product was no longer required.

There is a fridge in the theatre corridor where blood was securely stored but was easily accessible to staff when required.

Medical devices, equipment and diagnostic systems

Wards

We saw that the wards had a range of equipment such as, emergency equipment, patient monitoring equipment, joint cooling equipment (for pain and swelling) for patients following joint surgery, pressure relieving mattresses and moving and handling equipment. These all appeared visibly clean and well maintained.

We considered the arrangements for the checking of resuscitation equipment on Ward 7. Records had been maintained of equipment checks by staff.

We were informed that staff on DOSA, on occasions, had to go off the ward to source items of equipment such as electrocardiogram (ECG) monitors. This raises patient safety issues, particularly at night, as only one member of staff is left to oversee patient care.

Theatres

Essential equipment was readily available for the safe and normal functioning of the theatres. There was a maintenance programme which ensured equipment was regularly serviced. Training was also provided for theatre staff so they were familiar with new and existing equipment. If specialist equipment was required, then this would be ordered in when required and usually accompanied the company representative. Annual inspection and verification of specialised ventilation for healthcare premises[38] was also undertaken as required

[38] Annual verification of specialised air ventilation for healthcare premises

Emergency equipment in theatres and recovery was available, and all safety checks were completed and documented. In addition, there was equipment readily available and guidelines in place for difficult airway management[39]. Resuscitation equipment for children was also available.

We were informed that there are, on ocassions, issues in sourcing X-ray imaging equipment in theatres which can cause delays.

Improvement needed

The health board must ensure that:

- All necessary equipment is made readily available to staff on DOSA
- Sufficient numbers of X-ray imaging equipment is available in theatres.

Effective care

Safe and clinically effective care

Patients who required mobility support after their procedure told us that they had been given enough support with mobility issues since their operation.

There was evidence of very good multidisciplinary working between the nursing and medical staff.

We found that the Adult Nursing Assessment documentation had been fully completed on admission to the ward. Pain assessments were also being undertaken as required.

We found that care bundles, linked to the National Early Warning Scores (NEWS)[40] system, were being implemented as a structured way of improving the

[39] Difficult Airway Guidelines - There were difficult airway trolleys with appropriate difficult airway equipment (e.g. video laryngoscopes, fibre optic scopes).

[40] NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

processes of care and outcomes for patients. This was around preventing pressure ulcers, ensuring adequate nutrition, and identifying patients who were at risk of deterioration through acute illness or sepsis.

We found that there were generally good care planning systems and processes in place. We found that the care planning took account of patients' views on how they wished to be cared for. However, as previously mentioned, the care plans need to be person centred in format.

We were told that the unavailability of intensive care beds sometimes resulted in patients being cared for in the recovery area of theatres. This is not the best care option for such patients and places additional pressures on recovery staff. This can also impact on delayed theatre lists, if there were insufficient recovery bays in use.

Venous thromboembolism prophylaxis (VTE)[41]

The pre-operative checklist contained a section on anti-embolism management.

We considered the arrangements in place for assessing patients for their risk of developing a VTE. We did this by reviewing a sample of patients' care records on both Ward 7 and DOSA. Written VTE risk assessments were not available within six of the 12 care records we reviewed.

There was also some confusion amongst staff on both wards and in theatres with regards the hospital's policy on the management of VTE. This was reported to senior clinical staff and, as previously mentioned, was addressed through our immediate assurance process, which is discussed later in the report, and can also be found in Appendix B.

Peri-operative Hypothermia[42]

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[41] Venous thromboembolisms are known as blood clots. Thrombosis prevention, (also known as thrombosis prophylaxis) is a treatment to prevent the formation of blood clots inside a blood vessel. Some people are at a higher risk for the formation of blood clots than others, particularly those having limb surgery.

[42] Perioperative refers to the periods around an operation. These are the pre-operative phase (before the operation), intra-operative phase (during the operation) and post-operative phase (after the operation). Hypothermia (getting too cold) can occur during operations and can cause

We considered the process in place to manage the risk of hypothermia in accordance with national recommendations[43]. We found, that the national standards were being met during and following surgery. However, we found that temperature readings were not being consistently taken before surgery.

Temperature checks were always performed during and after the operation. Patients were provided with blankets on transfer from theatre, to prevent them getting cold.

Within the recovery unit, we found that patient temperatures were checked and that warming air blankets were in place when required. This meant that if patients did get cold during surgery, they would be warmed prior to their return to the ward.

We found that patients' temperatures were recorded regularly post-operatively on the ward and saw extra blankets being used, to help keep patients warm.

Pain Management

For patients with hip fractures we found that there were arrangements in place for patients to receive an initial fascia iliaca[44] nerve block for pain relief. During the intra-operative phase, we were also told that the usual approach was to inject a local anaesthetic into the patient's wound, to provide initial pain relief following surgery.

We saw staff in recovery treating patient's pain appropriately. Patients would only be transferred back to the ward once they were comfortable. In addition, the hospital had an acute pain service where patients could be referred to if there were issues controlling pain pre or post-surgery.

Patients' care records demonstrated that nursing staff had assessed and monitored patients' pain. We observed that patients appeared comfortable. We

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problems such as infected wounds, blood clots, more blood loss, pressure ulcers and it can take longer for patients to wake up from anaesthetics.

[43] Peri-operative Hypothermia NICE Guideline - Hypothermia prevention and management in adults having surgery.

[44] A fascia iliaca nerve block, a type of local anaesthesia (nerve block), used for the hip and thigh.

also saw nursing staff asking patients about their pain and provided analgesia (pain relieving medicine) promptly. However, one patient, who completed a questionnaire, told us that they waited up to 30 minutes after they had requested extra pain relief, before they got it.

Improvement needed

The health board must:

- Ensure that patient temperature readings are recorded routinely before surgery
- Take steps to ensure that patients are provided with timely pain relief.

Quality improvement, research and innovation

As previously mentioned, the hospital submitted data to the National Joint Registry, which is a mandatory national audit for joint replacements in planned orthopaedic care. The hospital also submitted data to the National Hip Fracture Database (NHFD), which is a mandatory national audit for improving trauma care for the frail elderly patient. However, this information was unreliable as data submission was often delayed.

As highlighted earlier in the report, an ERAS pathway had been developed for patients receiving planned hip and knee surgery. In addition, we also found that patients were admitted on the day of surgery for planned orthopaedic surgery, unless there was specific medical reason where they were required to attend before surgery.

The surgical directorate identified a number of quality improvement initiatives and we were provided with evidence of performance analysis and improvement plans, which demonstrated positive changes for both planned and unplanned care and what was also planned for the near future. These include:

- Orthopaedic improvement group set up to drive further improvements in orthopaedic pathways
- Increase the bed capacity from three to six beds at on DOSA
- Effective utilisation of lists to reduce waiting lists
- Development of virtual fracture clinic system
- Development of virtual arthroplasty clinics to reduce the number of clinic visits after surgery

- Pooling of certain cases for example, carpal tunnel surgery, to be undertaken by associate specialists on dedicated lists to improve efficiency.

The anaesthetic department was formally working towards gaining anaesthesia clinical services accreditation (ACSA)[45] for external accreditation status. In addition, anaesthetic standards for national hip fracture care had been implemented.

Information governance and communications technology

There was a robust information governance framework in place, and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

We were told that work was underway on developing an electronic records management system for use across the health board.

Theatres had an information system in use that could be easily accessed by relevant theatre staff. This system captured a range of key information that could be used to produce efficiency reports for the management team, including the WHO Safer Surgery checklists. However, not all information was captured on the system and it was not possible to accurately determine surgery cancellation numbers as not enough information had been inputted.

During our inspection we identified that changes to operating lists were not always being communicated to ward staff and patients. This may mean that some delays may occur in preparing a patient for theatre, or if a patient's surgery is cancelled, a delay in them receiving food and drink.

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[45] Anaesthesis Clinical Services Accreditation (ACSA) - is an independent accreditation scheme from the Royal College of Anaesthetists which ensures quality improvement in a number of different areas. It is a scheme recognised by other professional bodies such as CQC (care quality Commission in England) and The Healthcare Quality Improvement Partnership (HQIP).

There was a system in place which aimed to ensure patient data was effectively and safety stored. Patient case notes were stored in a designated notes trolley which were lockable to prevent inappropriate or unauthorised access to the notes.

Improvement needed

The health board must:

- Remind theatre staff to routinely enter all relevant information in to the electronic system
- Ensure that changes to operating lists are communicated to ward staff and patients.

Record keeping

Our findings in relation to record keeping within patient's case notes, pre-assessment clinic and theatre notes have been described in various sections throughout the report. As highlighted, we looked at, for example; a range of assessment tools, checklists, monitoring charts, care plans and evaluations of care both in written patient case notes and electronically.

Patient care notes were found to be generally well maintained. However, care files were not easy to navigate.

Improvement needed

The health board should review the organisation of care notes to ensure that they are easy to navigate.

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.

We found all the areas inspected to be well managed with staff working effectively as a team and there were clear lines of reporting and accountability.

We found friendly and professional staff teams working on the wards and within theatres. However, It was evident from the comments made by staff that they felt staffing levels needed to be improved.

Support from senior staff for the teams working within the DOSA must also be reviewed.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the health board focussed on continuously improving its services. This was, in part, achieved through a rolling programme of audit and its established governance structure, which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on Ward 7 with regular, formal, recorded staff meetings taking place.

We found very good internal communication between the multidisciplinary team.

Each of the clinical areas visited during the inspection revealed that management and leadership was good. This was particularly evident on Wards 7 and theatres. The management team based at Abergele hospital were responsible for supporting the staff working within the designated orthopaedic bay on DOSA, and clear lines of reporting and accountability were described. However, as previously mentioned, staff on DOSA did feel isolated at times and this requires further consideration by the health board.

There was good evidence of effective teamwork within the relevant departments. However, as discussed earlier in the report, communication was sometimes at the diligence of others, to ensure that vital information was communicated appropriately. For example, theatre staff informing the wards when there is a list change.

We found that senior managers had a good focus on patient flow, and were taking appropriate steps to improve performance in surgical care.

There was an effective governance system in place. Both the ward and theatre managers demonstrated how they accurately and openly reported any incidents. Action plans for improvement were also developed from incidents where appropriate. From discussions with staff, it was established that they do not always receive feedback following incidents submitted. Further emphasis on sharing incident outcomes with more junior staff would be beneficial, as discussed earlier.

Surgical directorate quality and safety meetings were held regularly. The minutes are shared with staff along with any learning identified. A system of other regular meetings was also described within theatres. These helped ensure that relevant information was shared with theatre staff as part of the overall governance arrangements. These included incidents related specifically to theatres.

We also saw evidence of clinical audit activity being conducted on the wards. Safety crosses were displayed near the entrance to Ward 7 and included information on the incidence of pressure ulcers, falls and infections as highlighted earlier.

Improvement needed

The health board must ensure that staff receive feedback following incidents.

Staff and resources

Workforce

Wards

We found friendly, professional staff team on the wards who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

We distributed HIW questionnaires to staff working on both wards, to establish what the working conditions are like, and to obtain their views on the standard of care. We received 23 completed questionnaires from a range of staff.

Staff told us that there were processes in place to ensure that the care provided to patients is safe and effective, and that there were also processes in place to ensure that there were no delays in getting patients ready for surgery.

The majority of staff stated that there was an effective staff handover process in place, that ensures the continuing delivery of safe and effective care to patients.

Most respondents said that, during busy periods, revised arrangements were put in place by senior managers to ensure patients continue to receive the care they need.

As previously mentioned, staff on DOSA told us that they often felt isolated and vulnerable, particularly during the night time and weekends. This was due to the location of the ward and the fact that they were line managed from Abergele hospital. Comments included:

> *"At night and at weekends we are isolated and don't feel supported by management."*

> *"Need more support when working days and nights in DOSA ward. At night having to go off ward to get equipment leaving the ward unsafe. At (HOSPITAL) handover on a late duty not always good. Staff not having the time."*

Staff stated that they had the right mix of skills to ensure the delivery of safe and effective care to patients. However, staff comments in relation to staffing levels on the wards was mixed, with slightly over half of respondents stating that there was often not enough staff on duty to meet patients' care needs. Comments from staff included:

> *"The nurse staffing levels act (Wales) 2016, despite being law is not always adhered to, this therefore puts patients at potential risk, and also put staff at risk of their professional registration due to them being unable to carry out their professional duties to the extent that they want to. This has an*

effect on the delivery of sensitive care to the patients. On occasion nurse has had to manage as many 12 to 15 patients."

"Most days there is sufficient staff to ensure safe care, but often staff are asked to move elsewhere, which can compromise the theatre lists (delayed starts) and patient safety."

"For the safe delivery of quality care, we need motivated team members in right number. With the financial constraints growing every year, it is increasingly difficult to get the right number of nurses, physios etc. I strongly feel the numbers of nurses on the ward need to be maintained as per Welsh Government recommended level. Similarly, for us to be providing effective discharge arrangements, we need the right number of physiotherapists to provide quality input."

We viewed copies of staff rotas which showed us that there was normally a good skill mix of staff on duty each shift. The number of staff on duty could vary from shift to shift, and took account of occupancy levels and those patients who required one to one assistance or supervision. However, we found that staff shortages were responded to in a reactive way and at short notice. Measures should be set in place to forward plan for any staff shortages so that shifts are appropriately covered without the need to move staff from other wards at short notice.

We found that there were some shortfall and gaps in staffing across all disciplines, some are highlighted within previously sections of this report. The health board must continue to monitor staffing levels and ensure that they have the right number and skill mix of staff in order to ensure that care is provided in a safe and timely fashion.

The majority of respondents told us that they had the right equipment to deliver safe and effective care.

All staff members who completed a questionnaire said that they are encouraged to report safety events (for example, errors, mistakes or incidents that may or may not result in patient harm) and safeguarding concerns (protecting people from harm, abuse or neglect).

Theatres

During the inspection we distributed HIW questionnaires to theatre staff to find out what the working conditions are like and to obtain their views on the standard of care.

We received twenty completed questionnaires from all disciplines of theatre staff.

Staff also stated that there was an open and inclusive culture within theatres, with staff encouraged and supported to raise any concerns with managers.

Most respondents said they are given enough time to prepare for each theatre list, and the remainder said they are given time to prepare but it's not long enough.

Around a third of respondents said they experience daily restrictions to patient flow in theatre, and the remainder said they experience weekly restrictions.

> *"There are surgical cancellations often due to bed availability but everyone does their best to ensure surgical flow and patient safety."*

Staff told us that the main reasons for the restrictions to patient flow were issues with bed availability and patient preparation arrangements.

> *"Critical care capacity needs to be increased as it leads to cancellations."*

Staff training support and supervision

Wards

The majority of staff told us that they are supported to access to training in order to maintain their continuous professional development (CPD).

Nearly all staff who completed the questionnaire agreed that they are given enough support and leadership by management to carry out their role effectively. Comments included:

> *"I have worked here for X years now and I am very proud to be a part of the team. I feel that we have good communication between each other."*

> *"A fantastic team of nurses and support workers. We communicate well as a team. We have achieved a silver in ward accreditation and have a multidisciplinary approach to patient centred care."*

"Great team to work with. We bounce off each other. That puts patients' morale up"

We considered staff training and support arrangements for Ward 7 only, because information relating to staff working on DOSA was stored in Abergele Hospital. We found that the compliance rate for completion of mandatory training for staff on Ward 7 to be slightly below the health board's target of 85%. We found that 87% of staff had received a performance and development review (PADR) within the past twelve months. This is above the health board's target of 85%.

Theatres

The majority of staff told us that they are supported to access training to maintain their CPD.

Staff also told us that they are given enough support and leadership by management staff to carry out their role effectively. However, one staff member commented that:

"Surgical management team is non-effective and detached. They need to be next to theatres. Bed meetings need to be near theatre not where they are. Management detached from daily issues. Very poor BCU exec management. Too few beds. Too few staff. Too many managers. Not a good place to work now."

We found that the compliance rate for completion of mandatory training to be 80% which is slightly below the health board's target of 85%. We suggested that the training leads review compliance rates on a regular basis in order to ensure that they meet with the health board's target and, as far as possible, ensure that all staff complete all elements of mandatory training. We also found that 71.2% of staff had received a PADR within the past twelve months. This is below the health board's target of 85%.

Training days were arranged on a regular basis which incorporate key learning and experience sharing following incidences and/or significant events.

Improvement needed

The health board must:

- Continue to monitor staffing levels and ensure that adequate staff numbers with the appropriate skill mix are in place, to ensure that care is provided in a safe and timely fashion

- Implement a process to forward plan for any staff shortages so that shifts are appropriately covered, without the need to move staff to and from other wards at short notice

- Reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.

4. What next?

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

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

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, 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.

5. How we inspect trauma and orthopaedic surgery

Our inspections of trauma and orthopaedic surgery look at the following:

- Trauma surgery pathway (unplanned surgery for broken bones)
- Planned orthopaedic surgery
- National Safety Standards for Invasive Procedures (safety checks and processes during surgery).

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

We look at the care a patient receives before an operation, during the operation and after the operation.

Our surgical inspection involves more than just the operating theatre and looks at the pathway the patient takes. It involves multiple areas in the hospital including:

- Surgical outpatient clinic (decision to proceed with surgery made here)
- Pre-assessment clinic (checking patient is fit for surgery is made here)
- Pre and post-operative orthopaedic surgery ward (one trauma ward and one planned orthopaedic surgery ward)
- Operating theatres (in particular one trauma theatre and one planned orthopaedic surgery theatre if possible).

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

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

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

Further detail about how HIW inspects the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summarises 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
A surgeon working in one of the general surgery theatres (Theatre A), expressed concern about the quality and safety of some of the equipment in Theatre A, and in particular one of the operating lamps which was not functioning as it should.	This meant that patients and staff working in the theatre were at risk of harm.	This was escalated to the theatre manager and directorate general manager.	An engineer attended to fix the lamp. We confirmed that a Datix notification had been submitted and issues added to the risk register. We were informed that a capital bid had been submitted to upgrade some of the equipment.

Appendix B – Immediate improvement plan

Hospital: Ysbyty Glan Clwyd

Ward/department: Surgical Services (Trauma and Orthopaedics)

Date of inspection: 02, 03 and 04 July 2019

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
During our inspection, we could not find any evidence of completed pre-operative venous thromboembolism (VTE) risk assessments, or post-operative reviews of VTE risk, within six of the twelve patients' care files inspected. This increases the risk of harm to patients. The health board must provide HIW with details of the action it will take, to ensure that patients are assessed and regularly re-assessed for their risk of developing a VTE. The health board must also ensure that all staff have access to, and are	2.1, 3.1 and 3.5	Actions previously taken to reduce risk **1.** Education has taken place at clinical governance meetings of surgical teams. **2.** WHO checklist was amended to build in four checkpoints to ensure VTE prophylaxis had been considered. **3.** In Ysbyty Glan Clwyd (YGC) we do not have a pharmacist	Mr Amir Hanna (clinical lead for Thromboprophylaxis) Ms Christine Welburn (CNS for Thromboprophylaxis) Ms Claire Bowen (ward manager on the	

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
familiar with the policy and procedure for the management of VTE.		in POAC. We have instigated a system by which junior doctors attend DOSA the day before surgery and complete the risk assessment and drug card. This is then re-checked when the patient is admitted. We have seen improvements in the uptake of completed risk assessments and a decrease in preventable HAT. This will be re-audited in the next three months. New actions **4.** At YGC the Thromboprophylaxis specialist nurse and the consultant clinical lead will be carrying out weekly walkabouts on DOSA to audit compliance at the same time as providing educational	trauma ward and responsible for elective orthopaedic nursing in the DOSA) Ms Kim Walsh (ward manager, DOSA) Dr Emma Hosking (site medical director, YGC)	4: from 15th July

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		feedback to both area and individual staff members as appropriate. This will then be reported through the local Quality and Safety patient Experience group (QSE) and then to the Secondary Care Quality Group (SCQG). **5.** The clinical lead will be highlighting the importance of compliance in orthopaedic patients at the next clinical governance meeting on 8th August. All grades of surgeons will be present at this meeting. For the doctors starting work in YGC in August their induction will include VTE risk assessment and prophylaxis. The sessions will also cover the need to risk-assess trauma	Mr Amir Hanna (clinical lead for Thromboprophylaxis) Ms Christine Welburn (CNS for Thromboprophylaxis)	5: 8th August 2019

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		patients on referral to surgical specialties. **6.** The ward manager on the trauma ward is reinforcing the policy to staff in the monthly medicine briefings this month (July2019). **7.** The VTE CNS will continue to provide monthly teaching sessions that are open to all staff. **8.** The VTE CNS and the clinical lead for TP will re-enforce the latest NICE guidance that patients must be re-assessed for their TP risk if their clinical condition changes. **9.** A report will come to BCUHB Quality and Safety Group	Ms Claire Bowen (ward manager on the trauma ward and responsible for elective orthopaedic nursing in the DOSA) Ms Kim Walsh (ward manager, DOSA) Dr Emma Hosking (site medical director, YGC)	6. July 7. ongoing 8. July 15th 2019 onwards

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		quarterly to report compliance against the action plan and identify any risks or harm and actions to mitigate	Emma Hosking (Site Medical Director YGC)	Quarterly from August 2019
During our inspection, we found that Band 5 staff nurses, working on the Day of Surgery Arrivals (DOSA) Unit, were assessing and making clinical decisions regarding patients' fitness following surgery. Following this, they were arranging transfer from Ysbyty Glan Clwyd to Abergele Hospital, without any medical input or overview. We consider this arrangement to be unsafe and increases the risk of harm to patients. The health board must provide HIW with details of the action it will take, to ensure that high risk, elective orthopaedic patients are assessed by a doctor following surgery, prior to transfer from the DOSA Unit at Ysbyty Glan Clwyd to Abergele Hospital.	2.1 and 3.1	1. With immediate effect consultants or middle grade doctors will review patients on routine NHS lists prior to being transferred to Abergele Hospital post-op. 2. With immediate effect if the patients are on a waiting list initiative session the surgeon who has carried out that list is responsible for reviewing the patients before transfer to Abergele. This includes post-op reviews on Saturday and Sunday mornings when WLI are carried out on Fridays or Saturdays.	Mr Balasundaram Ramesh (clinical lead for orthopaedics and trauma) Mr Roger Haslett (clinical director for surgery and anaesthetics) Kate Clarke (Secondary	With immediate effect With immediate effect

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		3. A SOP will be developed to identify suitability criteria for transfer to Abergele to support criteria led decision-making. 4. A review of patients transferred to Abergele in the last 6 months will be completed to identify if any patients came to harm as a result of this process. Any incidents reported in the same timeframe will be reviewed to ensure that this process was not a contributing factor. 5. With immediate effect Registered nurses will complete transfer documentation for each patient, to include name of	Care Medical Director) Jan Garnett, (Head of Nursing, Surgery).	

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Consultant or middle grade documenting the patient's fitness for transfer. Weekly audit of compliance for first month by Matron and ward sister. 6. A report will come to BCUHB Quality and Safety Group quarterly to report compliance against the action plan and identify any risks or harm and actions to mitigate	Emma Hosking (Site Medical Director YGC)	Quarterly from August 2019

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: Debra Hickman, Secondary Care Nurse Director

Kate Clarke, Secondary Care Medical Director

Dr Emma Hosking, Hospital Site Medical Director (Local Lead)

Date: 12th July 2019

Appendix C – Improvement plan

Hospital: Ysbyty Glan Clwyd

Ward/department: Surgical Services (Trauma and Orthopaedics)

Date of inspection: 02, 03 and 04 July 2019

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must review the availability of anaesthetists to ensure that patients are assessed as required in pre-operative clinics and reduce the number of cancelled appointments.	1.1 Health promotion, protection and improvement	We have reviewed Anaesthetic POAC activity from April 2019 and this has shown no sessions cancelled due to lack of Anaesthetic input. Following the most recent job plan review and re-allocation of duties, there is a more consistent consultant staffing presence in POAC. This is kept under review and discussed at the weekly Theatre Rota meeting. Service requirements and consultant job plans	Surgical Directorate General Manager	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
		are also a regular item at the Anaesthetic business meetings. A new screening form is being developed to identify those patients who specifically require Consultant Anaesthestic review. The new form will be introduced in a phased manner, with full implementation by end of January 2020. Risk Assessment processes inform appropriate location. Q4 19/20 will see the start of the phased approach to consolidation of surgical activity on the Glan Clwyd (YGC) site.		31 January 2020
The health board must ensure that the pre-operative assessment documentation captures patients' medical history in greater detail.		POAC documentation will be reviewed across the Health Board. **Update**: a survey has gone out to anaesthetists regarding the existing paperwork available. The POAC leads across BCUHB will reflect on the results and consider how to adjust the document further.	Anaesthetic POAC lead Clinicians	30 November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		We are reminding the POAC nurses and anaesthetists to fill in the chart comprehensively and will start regular spot audits to check compliance with this. This will be communicated through multiple communication channels, please see update at 3.2. The current version of the POAC form provided.		
The health board must reflect on the comments made by patients and must ensure that they are treated with dignity and respect at all times and that staff are responsive to their care needs.	4.1 Dignified Care	Patient Advice and Liaison team to undertake 'Care to Share' reviews on ward 7 and DOSA October – December 2019. 'You said we did' boards to be installed in clinical areas to support feedback. Ward Manager ward accreditation audits provide evidence of quality, safety and performance which is	Surgical Head of Nursing	31 December 2019 04 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		recorded centrally and utilized to triangulate assurance. Focused rounding has been introduced into Ward 7 with rolling programmes including: dignified timely care, falls and preventing pressure and tissue damage. This is monitored through monthly Quality and Safety audits, Sisters' ward accreditation audits, as well as through review of the harms dashboards by Matron and Head of Nursing on a monthly basis.		
The health board must produce a checklist to support the theatre to recovery handover process.	3.2 Communicating effectively	WHO checklist was amended in July 2019 to include handover to recovery. WHO checklist compliance is audited monthly with 100% compliance in Q1 2019/20. An Anaesthetic handover document has been introduced to ensure comprehensive handover to recovery nurses. Moving forward this will be	Theatre Manager	31 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		audited monthly as part of the WHO checklist compliance. **Update:** We are using multiple communication channels to discuss the action plan: consultant meetings, handover meetings, trauma meetings, orthopaedic improvement group meetings, clinical governance meetings, junior doctor training. Most of these involve face to face communication, and those in bold are formally minuted. There will be an increased focus on coaching techniques to improve the adherence of practitioners to best practice with accountability a key element of this. In addition we are using physical notice boards and email circulation of minutes of meetings for people who can't be there in person. Within anaesthetics we have a WhatsApp group for the whole		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		department which is really useful for getting messages out quickly and reinforcing good practice if we notice any slippage.		
The health board must review the pre-operative clinic arrangements with the aim of reducing the number of times that patients have to attend clinic prior to surgery.	5.1 Timely access	A process map of the current patient journey is in progress to ensure the patient journey is streamlined. Validation has already been identified as an unwarranted additional step that can be removed.	Surgical Directorate General Manager	31 December 2019
The heath board must review medical staff cover and consider appointing a second doctor or an ANP to cover busy periods and consider arranging support from a phlebotomist to take blood samples over the weekends.		The Hospital Management Team (HMT) are working with Kendall Bluck to review all junior medical staffing rotas. They are due to make recommendations to the BCU workforce optimisation group and any decisions will be taken forward following establishment control processes. The plan to consolidate surgical activity on the YGC site will also provide	Surgical Clinical Director Surgical Clinical Director	31 October 2019 14 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		opportunities to utilise the medical workforce more effectively and efficiently. Advert for a second WTE ANP is currently in preparation. A review of phlebotomy service out of hours will be undertaken in October.	Surgical Head of Nursing	31 October 2019
The health board must ensure that verbal handovers undertaken by junior doctors are recorded.		A handover template is currently being drafted for implementation throughout October 2019. **Update**: The junior doctors have a diary that is kept in the ward office. They record important issues for handover in the diary. We will strengthen this with the further development of a template to use with the diary and the clinical lead and educational lead will be briefing the junior doctors on the necessity for this. The handover information will be subject to spot audits to ensure continuous	Orthopaedic clinical lead	31 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		improvement. Please see hand over document.		
The health board must give consideration to employing an orthogeriatrician, to address the perioperative medical care of high risk frail, elderly patients with complex medical issues, trauma co-ordinator and additional physiotherapists to improve the provision of care to trauma and orthopaedic patients.		A consultant Orthogeriatrician was appointed on 13 September 2019, with an anticipated start date of middle of December 2019. A review of therapy provision is currently in progress. **Update**: We are exploring the feasibility of employing a trauma coordinator.	Surgical Directorate General Manger	15 December 2019 30 November 2019
The health board must review the format of the trauma meeting to ensure that sufficient time is made available for meaningful discussions about patients and to facilitate the further development and educational of junior doctors.		The Orthopaedic and Anaesthetic consultant group will review current trauma meeting arrangements at the next Orthopaedic improvement group to be held w/c 7th October. **Update:** Proposed changes document submitted.	Trauma lead Consultant	14 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must implement strategies to reduce delays in transfer of patients with fractured neck of femur from emergency department on to the ward.		Hospital Management Team have instructed the site management team to protect a bed for a patient with a femoral fracture on a 24/7 basis. This is now discussed at the daily safety brief. An audit of compliance will be undertaken in early November and on a regular basis thereafter.	Surgical Directorate General Manager	30 November 2019
The health board must consider providing ring fenced beds to accommodate for patients with fractured neck of femur.		There is a dedicated trauma ward at YGC. Ambulatory pathways support admission avoidance and home first approach is in place to support capacity and flow. There is availability to step down post op trauma patients to Abergele Hospital. **Update:** the measures described above make it possible for the site team to ring-fence a bed on the trauma ward each day. Our key target is to reduce the time which patients wait for definitive surgical	Surgical Directorate General Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		treatment. Patients start on the pathway as soon as they are diagnosed in ED and on occasion we will take them straight to theatre from the ED.		
The health board must take steps to reduce the number of cancelled operations resulting from missing paperwork.		All theatre cancellations are discussed on a weekly basis in 2 theatre planning cells, one for YGC and one for Abergele hospital. Actions are identified to reduce avoidable cancellations. For any cancellation as a result of missing paperwork, a lesson learned exercise is completed and the DATIX process is followed. The cancellation rate and efficiencies are reviewed and actioned at the Central Orthopaedic improvement group, with a formal audit to be undertaken October-December 2019.	Theatre Manager	31 December 2019.
The health board must ensure that care plans are person centred in format.	6.1 Planning Care to promote independence	Core care plans are utilised on the ward and are reviewed as part of the Ward Managers' and Matrons' weekly/monthly audits.	Surgical Head of Nursing	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Ward sister to research and benchmark with colleagues across the Health board and other trauma units to scope best practice.		
The health board should ensure that patients are given every opportunity to provide feedback on the care that they receive.	6.3 Listening and Learning from feedback	'Viewpoint' system is currently in place on DOSA, Ward 6 and Ward 7. Housekeeper to support distribution and collation of 'view point' feedback forms. Matron to monitor numbers of returns on a monthly basis. This is reported to QSG quarterly as part of the HB's Patient Experience report.	Surgical Head of Nursing.	31 December 2019
Delivery of safe and effective care				
The health board must ensure that accurate and up to date information is entered onto the National Hip Fracture Database.	2.1 Managing risk and promoting health and safety	Data entry clerk appointed on 01 September 2 0 1 9 . Noted improvements since inspection, we are currently in a live position with data entry for 2019.	Surgical Directorate General Manger	Completion of Backlog 31 March 2019.

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Focus will now be on the backlog of data entry from **2012-2018**-670 cases. This is monitored weekly as part of a PDSA cycle.		
The health board should consider appointing a specialist hip fracture nurse.		Job description will be drafted for further consideration of the appointment of a Specialist Nurse.	Surgical Head of Nursing.	30 November 2020
The health board must review the provision of support to staff working on DOSA.		Information sheet and contact numbers for escalation to be laminated for staff. Ward meetings and safety brief communication channels in place to raise awareness regards escalation protocols. Implement 'Go Home Safe' checklist for the safety and wellbeing of staff members.	Surgical Head of Nursing	Complete 31 October 2019 31 October 2019 31 December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Evaluate the effectiveness of this checklist through a staff feedback survey.		
The health board must ensure that appropriate, formal systems are set in pace to provide medical cover for patients on DOSA.		Processes in place to ensure patients are reviewed post operatively by a senior doctor prior to discharging patients from DOSA to Abergele hospital. Evidenced in patient's case notes. Audit completed demonstrated compliance.	Clinical Lead for Orthopaedics	Complete
The health board must ensure that safe and effective measures are set in place to respond to emergency call bells on DOSA.		Call bells are picked up in the ward accreditation & Matron audits. Cardiac arrest calls and response to deteriorating patients with high NEWS scores are also audited alongside the Acute Intervention Team – no issues have been recorded or reported. DOSA conforms to the emergency protocols in place across the HB.	Surgical Head of Nursing	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		An information sheet and contact numbers for escalation have been laminated for staff. **Update:** the ward manager has met with all permanent staff deployed within DOSA to make them aware of the process of escalation (we do not employ agency nurses to work in DOSA at night). Document provided to show how Matrons monitor quality in their areas. The use of DOSA for elective orthopaedic patients will cease as part of the consolidation of orthopaedic services from Abergele Hospital to YGC commencing Quarter 4 of 2019/20.	Surgical Directorate General Manager	Complete Complete
The health board must ensure that staff working in theatres are given sufficient time in order to complete the safety steps.		Audit data shows 100% compliance, with regular audits reported to the site Quality and Safety Group, including the results of peer WHO compliance which are also in place.	Theatre Manager	30 November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Update: WHO checklist and circulation memo provided.		
The health board must ensure that safety debriefs take place at the end of each theatre list.		Debriefs will be embedded as part of daily theatre routine and audited as part of the WHO compliance. **Update:** the theatre manager is coaching the team leaders to support the development of robust debriefs. This will also be covered in the next clinical governance session on November 12th.Please see Clinical Governance Programme enclosed.	Theatre Manager	12 November 2019
The health board should ensure that there is a system in place to confirm that staff have read and taken appropriate action in response to safety notices.		There is a process within the HB for implementation of PSN and PSA requirements, this is approved via the Site Governance route. **Update:** the theatre coordinator briefs the team daily on any safety notices (supporting document provided). Safety notices are also brought up in the planning cells and actions arising from	Theatre Manager	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		them are tracked. They are also put on noticeboards within theatres.		
The health board must ensure that pressure area risk assessments are undertaken routinely using a recognised nursing assessment tool.	2.2 Preventing pressure and tissue damage	The current assessment tool is the 'Maelor' risk assessment. The Health board will be adopting 'Purpose-T with an associated SSKIN bundle. Master classes for all wards will commence in October 2019 with implementation by December 2019. Ward Manager ward accreditation audits have recently been introduced. Focused rounding introduced into the ward. Ward to have a rolling programme of 'Focus on' months to include dignified timely care, falls and preventing pressure and tissue damage.	Surgical Head of Nursing	31 December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that falls risk assessments are undertaken routinely and that sufficient staff are deployed in order to reduce the risk of falls.	2.3 Falls Prevention	Ward Manager ward accreditation audits have recently been introduced. Focused rounding has been introduced into Ward 7 and the ward will also have a rolling programme of 'Focus on' months to include dignified timely care, falls and preventing pressure and tissue damage. This will be monitored through monthly Quality and Safety audits and Sisters' ward accreditation audits, as well as through review of the harms dashboards by Matron and Head of Nursing.	Surgical Head of Nursing	31 October 2019
The health board must ensure that patients receive timely speech and language therapy assessments.	2.5 Nutrition and Hydration	A review of therapy provision is currently in progress.	Surgical Head of Nursing	30 November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must put measures in pace to ensure that patients are not fasted for longer than necessary.		Patients awaiting trauma surgery receive carbohydrate drinks. Snacks are also readily available within all clinical areas. Audit fasting times on ward 7 and DOSA. Fasting of patients is an agenda item for the next clinical governance session being held on 12 November. Review of fasting instructions for trauma patients attending on the day of surgery to ensure they are in accordance with recommended guidelines. **Update:** Review of fasting instructions for trauma patients attending on the day of surgery to ensure they are in accordance with recommended guidelines. Trauma patients who attend on the day of surgery will be offered water to drink unless they are first on the list. At the	Surgical Head of Nursing Anaesthetic Clinical Governance lead	12 November 2019 for discussion at clinical governance meeting with Anaesthetic team

Improvement needed	Standard	Service action	Responsible officer	Timescale
		WHO briefing fasting times will be confirmed by the team and instructions given to the ward and / or DOSA staff to give waiting patients liquids +/- solids depending on where they are on the list. This will be reviewed throughout the day and as soon as a patient is cancelled the theatre team will inform the ward so the patient can eat and drink.		
The health board must ensure that oxygen is not administered without prescription.	2.6 Medicines Management	Immediate memo issued and highlighted on ward safety brief. 100% compliance with oxygen competencies on DOSA, Ward 7 and Ward 6 Abergele Hospital. Compliance to be monitored via monthly quality reporting. **Update**: Reporting template provided.	Surgical Head of Nursing	27 September 2019 30 November 2019
The health board must ensure that appropriate processes are in place to support the safe		Controlled drugs are checked by two	Surgical Head of Nursing	1 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
checking and administration of controlled drugs on DOSA.		registered nurses in line with BCUHB Policy. In hours DOSA staff assist with the correct checks and out of hours theatre staff support. Where theatre staff are not able to provide support, staff will follow the agreed escalation procedures. Controlled drug register on DOSA to be audited to ensure compliance. There have been no reported incidents.		
The health board must ensure that sufficient staff are on duty on each shift to maintain the safety of patients assessed as requiring one to one supervision.	2.7 Safeguarding children and adults at risk	The site continues to request temporary staffing as appropriate. The 'Safe Care' module is used to inform and support decision making for the deployment of nursing resources on a daily basis. Matron to monitor implementation of the enhanced Observation Policy, (to include the cohorting of patients in the	Surgical Head of Nursing	31 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		absence of additional temporary staffing), and redeploy and or request temporary staffing as necessary. Ward will advertise for a Dementia care worker to further support patients and staff in October 2019.		14 October 2019
The health board must ensure that all necessary equipment is made readily available to staff on DOSA.	2.9 Medical devices, equipment and diagnostic systems	Immediately following HIW visit DOSA Worked with EBME and are currently trialing an ECG machine prior to purchasing. Charitable monies have been sourced for the purchase of a bladder scanner and in the short term DOSA have loaned from the neighbouring urology day unit.	Surgical Head of Nursing	31 December 2019
The health board must ensure that sufficient numbers of X-ray imaging equipment is available in theatres.		A review of X-ray imaging equipment/service is being undertaken as part of the Orthopaedic development plan including the transfer of service to YGC from Abergele hospital. Radiology	Surgical Directorate General Manager	31 December 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		are members of the Orthopaedic Improvement Group.		
The health board must ensure that patient temperature readings are recorded routinely before surgery.	3.1 Safe and Clinically Effective care	The orthopaedic and anaesthetic team are embarking on a research project trialing two different kinds of patient warming devices. This will involve temperature measurement at several points during the patient journey using a sophisticated device.	Anaesthetic Clinical Lead	31 December 2019
The health board must take steps to ensure that patients are provided with timely pain relief.		Patient Advice and Liaison team to undertake 'Care to Share' reviews on ward 7 and DOSA during October – December 2019 to acknowledge the patient's voice and to develop an action plan from the results. Ward Manager ward accreditation audits have recently been introduced. Focused rounding has been introduced into Ward 7 and the ward will also have	Surgical Head of Nursing	31 December 31 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		a rolling programme of 'Focus on' months to include dignified timely care, falls and preventing pressure and tissue damage. This will be monitored through monthly Quality and Safety audits and Sisters' ward accreditation audits, as well as through review of the harms dashboards by Matron and Head of Nursing.		
The health board should remind theatre staff to routinely enter all relevant information in to the electronic system. The health board must ensure that changes to operating lists are communicated to ward staff and patients.	3.4 Information Governance and Communications Technology	Awareness raised amongst theatre staff about the importance of data entry onto the electronic system. Theatre Scheduler uses data quality report introduced following PDSA cycle. Any changes to an operating list are discussed at the daily Trauma Meeting and then communicated to the wider team, with ward staff updating patients on their plans. A review of the communication process will be undertaken during October to	Theatre Manager	31 October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		identify improvements to be implemented.		
The health board should review the organisation of care notes to ensure that they are easy to navigate.	3.5 Record keeping	YGC uses purple folders for patients admitted with a femoral fracture To keep all their current notes and information together.	Surgical Directorate General Manager	Complete
Quality of management and leadership				
The health board must ensure that staff receive feedback following incidents.	Governance, Leadership and Accountability	Lessons learned are regularly fed back through Theatre Planning cells and Clinical Governance forums. Focused work on the management of incidents has led to more timely investigations and feedback to staff.	Surgical Directorate General Manager	Complete
Continue to monitor staffing levels and ensure that adequate staff numbers with the appropriate skill mix are in place, to ensure that care is provided in a safe and timely fashion.	7.1 Workforce	Bi annual establishment reviews are undertaken in line with the Nurse Staffing Wales Act 2016. Any actions / mitigations are taken following a Risk assessment prior to moving staff these are documented using the safe care system. Substantive HCSW	Surgical Head of Nursing	30 September 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		to be deployed out of hours to enhance skill mix.		
Implement a process to forward plan for any staff shortages so that shifts are appropriately covered, without the need to move staff to and from other wards at short notice.		Ward managers are currently attending Targeted sessions in relation to the creation of safe and effective nurse staffing rosters in line with roster policy WP28a. Each ward has a roster efficiencies improvement plan.	Surgical head of Nursing	31 October 2019
The health board should reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.		The surgical directorate management team are located close to the DOSA and theatre suite and are undertaking regular walkabouts and engagement sessions. All staff are encouraged to attend Team Brief, Planning Cells, and take on improvement projects.		Complete

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): **Dr E J Hosking**

Job role: **Hospital Medical Director** **Date:** **01/10/19**