

ABM University Health Board	
Date of Meeting: 5th April 2018 Name of Meeting: Quality and Safety Committee Agenda Item: 9.1	
Subject	<i>External Inspections</i>
Prepared by	Huw George, Health Board Risk Adviser, Patient Feedback Team
Approved by	Cathy Dowling, Interim Deputy Director of Nursing & Patient Experience
Presented by	Angela Hopkins, Interim Director of Nursing & Patient Experience

1. Situation

This report provides the Committee with a summary in respect of activity relating to external inspections and letters from inspectorates from 22nd January to 19th March 2018.

2. External Inspections

There have been three inspections in the Health Board since the last report was submitted to the Committee, all inspections were unannounced and were carried out by Healthcare Inspectorate Wales (HIW).

- **Emergency Department (ED) Morriston Hospital**

The draft inspection report has now been received and factual accuracy of the report has been agreed. The action plan has been reviewed by the Executive Team and submitted to HIW within their requested timescales, attached as **Appendix 1**. The report and action plan will be considered at the next Assurance & Learning Group.

- **Tonna Hospital**

HIW inspected Tonna Hospital on 6th March 2018. There were no issues requiring immediate improvement action. A draft report is expected by 30th April 2018.

- **Surgical Services Inspection, Princess of Wales Hospital**

HIW completed an unannounced inspection of main theatres and Ward 10 on 13th – 15th March 2018. HIW have requested immediate assurance be provided to them within 7 days (by 26th March 2018) on two issues:

- Non compliance with the Health Board's Policy for Thromboprophylaxis. Five sets of patient's notes were reviewed and the risk assessments were not available in the notes. The Health Board has been requested to provide assurance that patients will be suitably assessed for their risk of developing a

venous thromboembolism and that appropriate treatment is prescribed in accordance with the Health Board's policy.

- Health Board is required to provide assurance to promote effective and timely care to patients requiring surgery as a result of trauma. Ensure that appropriate multi-disciplinary team meetings are attended by appropriate staff to manage the operating lists and any changes required.

3. Healthcare Inspectorate Wales Reports and Improvement Plan Status

Table 1 summarises the correspondence between the Health Board and HIW from 22nd January to 19th March 2018.

Correspondence Summary	
Date	Correspondence Details
31.01.18	Health Board received a final inspection report regarding the Channings Dental Practice. This has been published on the HIW website. The report will be considered at the next Assurance & Learning Group meeting.
02.02.18	HIW finalised Terms of Reference for the KW enquiry received. All evidence requested has been submitted to HIW. The review has commenced and is expected to be concluded by December 2018.
05.02.18	Health Board received a letter stating that sufficient assurance had been provided in the Community Mental Health Team Swansea improvement plan. The report and improvement plan will be reported to the Assurance & Learning Group.
14.02.18	Health Board received a letter regarding a complaint focusing on the treatment of a Patient in Morriston Service Delivery Unit. The Community Health Council are acting for the family and HIW have been notified that this matter is being dealt with in line with the Putting Things Right Regulations.
15.2.18	The Health Board received an immediate improvement notice regarding Abertawe Medical Practice. Primary Care and Community Service Delivery Unit are monitoring. The plan was updated. HIW accepted the plan on 27 th February 2018.
22.2.18	The Health Board received HIW's final report on Princess of Wales Hospital Ward 14 and Psychiatric Intensive Care Unit Inspection. The report was published on the internet on 14th February 2018. The report and improvement plan will be reported to the Assurance & Learning Group.
1.3.18	Health Board received a letter from HIW accepting the improvement plan submitted for Ionising Radiation (Medical Exposure) Regulations IR(ME)R in Singleton Unit. The report and improvement plan will be reported to the Assurance & Learning Group.

4. Reviews Sent to Welsh Government

During the period, no results of reviews were sent to Welsh Government.

5. Recommendations

The Committee is asked to note the contents of the report.

Improvement plan

Hospital: Morriston Hospital
Ward/department: Accident and Emergency
Date of inspection: 15 16 and 17 January 2018

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.

Overarching Action: The report and action plan to be shared and discussed with all disciplines of staff working in Morriston ED through a series of meetings and engagement forums. This is to share the contents of the report and actions for improvement with everyone and to encourage further suggestions to support improvements. The importance of this report and the delivery of actions to support change will be central to the outputs of the group. The Improvement Plan Forums will include all Medical, Administrative, Nursing, Therapy, Portering, Volunteers, Domestic, Radiology and Clinical Site Management. The Forum will feed into the monthly Quality & Safety and Morriston Hospital Management Board. **Responsible Officers:** Associate Medical Director, Service Group Manager, Emergency Care & Hospital Operations (ECHO) and Head of Nursing, ECHO. **Timescale:** All available staff by 30.04.2018.

Improvement needed	Standard	Service action	Responsible officer	Timescale
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Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>The health board is required to provide HIW with a description of the action taken/to be taken to ensure the following:</p> <ul style="list-style-type: none"> Improved patient access to CMHT services Improved and timely transition of care arrangements for children who need to access adult services 	5.1 Timely access	<p>Access to CMHT is via the hospital based Psychiatric Liaison Service who would act as the 'bridge' between ED and community based mental health teams</p> <p>In terms of children and younger adults with mental health issues, an All Wales review is taking place regarding the wider service provision for CAMHS service across Wales and how these will be accessed in the future.</p> <p>This service is hosted by Cwm Taf Health Board.</p> <p>Open communication and strong relationships with the CAHMS head of nursing is established and any incidents are discussed.</p>	Head of Nursing ECHO, Morriston	May 2018
The Health Board is required to provide details of how it could improve patient access to the disabled toilets within the Emergency Department.	6.1 Planning Care to promote independence	<ul style="list-style-type: none"> There are currently 4 disabled toilets in the Emergency Department. 1 in the main waiting room, 1 in allocated GP Out of Hours and 2 in the trolley area. A review of access to these toilets to be undertaken for patients in wheelchairs and required improvements made. 	Estates Manager, Morriston Hospital	May 2018

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		<ul style="list-style-type: none"> A full review of all Emergency Department signage (including toilets) to be undertaken to ensure these are clearly visible to all patients regarding location and signage updated where required 	Estates Manager, Morriston Hospital & Matron Emergency Care, Morriston	May 2018
Delivery of safe and effective care				
The Health Board is required to inform HIW of the action taken/to be taken to ensure that every effort is made to prevent people who attend the Emergency Department from developing pressure and skin tissue damage.	2.2 Preventing pressure and tissue damage	<p>Focused multi agency (including Welsh Ambulance Service Trust & Tissue Viability Nurses) project group set up to review tissue viability pathway and documents. All agreed actions to be fully implemented including:</p> <ul style="list-style-type: none"> Additional (unfunded) staffing resource within REACT to ensure full pressure area check & remedial action is part of REACT process – longer term funding plan required. Revised training and awareness raising with all Emergency Department staff Pressure relieving Repose devices purchased Engage with WAST regarding risk reduction measures whilst on ambulances <p>An Emergency Department Nurse Establishment Review was undertaken in 2017 identifying what</p>	Head of Nursing, ECHO Morriston & Matron Emergency Care, Morriston	30 th April 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		nursing resource is required to ensure all appropriate patient checks and care can be provided. Funded nursing establishments require amending to meet the agreed safe staffing levels. Health Board to consider reviewing Morriston Emergency Department funded establishment in line with establishment review outcomes.	Associate Finance Director, Morriston Hospital Service Group Manager, ECHO	
<p>The Health Board is required to inform HIW how it will ensure that:</p> <ul style="list-style-type: none"> • Patient trolleys are kept clean at all times • Staff adhere to IPC guidelines with regard to effective hand washing • There is a clear process in place to change disposable curtains • Doors to sluices are kept closed and all hazardous substances stored in a lockable 	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Monthly meetings with porters highlighted the issues and action taken</p> <p>Daily check lists completed by porters with Weekly assurance checks to be implemented and undertaken by Matron.</p> <p>Domestic to supply the rolling rota for curtain change to Matron and ensure this is maintained as part of weekly checks.</p> <p>Posters/signs laminated in sluice & staff to be spoken to, to ensure all stores / hazardous substances are safely sorted, stored and locked</p>	<p>Matron Emergency Care, Morriston</p> <p>Matron, Emergency care, Morriston & Domestic Team Manager, Domestic</p> <p>Matron, Emergency care, Morriston</p>	<p>January 2018</p> <p>March 2018</p> <p>March 2018</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
facility at all times		away where required and that the doors are kept closed at all times. Matron to include in weekly checks.		
<p>The Health Board is required to describe the action taken, to ensure that patients' consumption of food and drink is accurately and consistently recorded. This is to ensure that patients' needs are met and to maximise their recovery.</p> <p>The Health Board is required to inform HIW of the action taken to ensure that patients are enabled to eat and drink safely, with the support of appropriate equipment. In addition, HIW requires details of how the Health Board will ensure that patients' food and/or drink is positioned within easy reach.</p>	2.5 Nutrition and Hydration	Matron to remind all nursing staff of the importance of using the nutrition and fluid intake stickers in the patient records and accurately recording the patient's diet and fluid intake. Monthly compliance audits to be undertaken, implemented and appropriate professional action taken when any areas of non-compliance are identified.	Matron, Emergency care, Morriston	March 2018
		In April 2017 an introduction to food record E-learning as a mandatory one off learning requirement. ED nursing staff currently 73% compliant with training. 100% nursing staff compliance to be achieved.	Matron, Emergency care, Morriston	June 2018
		100% nursing staff compliance required with fluid intake E-learning training.	Matron, Emergency care, Morriston	August 2018
		Red Cross staff have been trained in Food Hygiene and have been reminded of the importance of use of patient food stickers.	Matron, Emergency care, Morriston	Completed: March 2018
		All HCSW to complete Food Handling and	Matron, Emergency care, Morriston	August 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Hygiene Training</p> <p>Red cross staff have been reminded to discuss patient's nutritional needs with the nurse in charge of the patients care. Red Cross to be given access to the E- Learning Food & Nutrition Training Tool.</p> <p>Trolleys have been purchased so that patients can easily reach their food/drink.</p> <p>New patient buzzers to be purchased to ensure there is a back-up for any patient buzzers that have been sent for repair.</p> <p>All nursing staff have been reminded to always ensure patients have call bells at hand.</p>	<p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston</p>	<p>By March 2018 June 2018</p> <p>Completed March 2018</p> <p>Completed March 2018</p> <p>Completed March 2018</p>
<p>The Health Board is required to provide HIW with details of the action taken to ensure:</p> <ul style="list-style-type: none"> Prescribed medication is always dated within patients' medication charts Clarity in relation to the administration of Oxygen Therapy Patients' allergies are always recorded within Medication Administration Records 	2.6 Medicines Management	<p>Nursing staff have been reminded of the Medication Policy and the need to tenure an accurate recording when administration of medication, with necessary signatures and dates, that oxygen not covered by PGD is prescribed, importance of ensuring allergies are recorded and managing CDs in line with Controlled Drugs Policy. MDT Monthly audits covering all of the above areas to be undertaken to ensure compliance</p> <p>Medical staff to be reminded when completing</p>	Matron, Emergency care, Morriston	March 2018

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<ul style="list-style-type: none"> Appropriate and ongoing use of the CD book <p>This is to ensure that people receive medication for the correct reason, the right medication at the right dose, and at the right time.</p>		medication chart to ensure medication is dated and signed, that allergies must be recorded on the medication chart and that oxygen must be prescribed.	Associate Medical Director	March 2018
<p>The Health Board is required to inform HIW of the action taken/to be taken to ensure that patients are subject to mental capacity assessments within the Emergency Department, in accordance with their presenting needs. This is in accordance with the Mental Health Act 1983 in relation to persons liable to be detained, and the Mental Capacity Act 2005.</p> <p>The Health Board is required to ensure that Emergency Department staff are fully aware of their responsibilities in caring for patients who are subject to DoLS authorisations. This is in accordance with the Mental Capacity Act 2005.</p>	2.7 Safeguarding children and adults at risk	<p>MCA and DoLS training compliance is currently 25% - 100% of staff to receive MCA and DoLS training. To be facilitated by the Emergency Department Clinical Educator.</p> <p>All grades have Dementia Champion in Emergency Department and this includes reception staff. These have been on the Champion Training. 100% of staff in Emergency Department to have undertaken Dementia Training.</p> <p>The number of HCSW Dementia Champions have been increased since the review</p> <p>Champions to do a "focus" board on DoLS and Butterfly Scheme in the educational hub.</p>	<p>Matron, Emergency care, Morriston Associate Medical Director</p> <p>Matron, Emergency care, Morriston & Associate Medical Director</p> <p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston</p>	<p>August 2018</p> <p>August 2018</p> <p>Completed March 2018</p> <p>April 2018</p>

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<p>The Health Board is required to provide HIW with details of how it will ensure that improvements are made in relation to the following:</p> <ul style="list-style-type: none"> All pages of the assessment booklet used within the Emergency Department must contain unique identifying details of each patient Body Maps must be present within assessment booklets in accordance with the presentation of patients There needs to be sufficient and consistent information within patients' Emergency Department records and other nursing/medical records All entries made within patients' Emergency Department records must be signed and dated and contain the name and role of the person concerned The Health Board is required to ensure that patient risk assessment documentation is 	3.5 Record keeping	<p>All staff have been emailed in relation of importance of:</p> <ul style="list-style-type: none"> Signing and printing their name on patient records and using their unique number that they are assigned in Emergency Department. Accurate and timely documentation and correct use of Skin Bundles and Body Maps Completion and updating of the rails and pain assessment. <p>From March 2018 All Bank / Agency Nurses have been asked to sign and print their name in the diary on the day they work in the department to ensure there is a robust audit trail</p> <p>100% of nursing staff to complete Oral Care E-Learning.</p> <p>ED has an Oral Care Champion - All staff to be reminded of the importance of ensuring that a complete oral assessment is undertaken if indicated, if required on admission. Oral Care Champion to take the lead.</p> <p>Pain score is currently being audited monthly.</p>	<p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston</p> <p>Matron, Emergency care, Morriston & Sister Emergency Department</p> <p>Matron, Emergency care, Morriston</p>	<p>Completed March 2018</p> <p>Completed March 2018</p> <p>August 2018</p> <p>March 2018</p> <p>March 2018</p>

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<p>completed in relation to oral care, pain relief (including monitoring and evaluation) and the use of rails attached to trolleys</p> <p>This is to demonstrate that such aspects of care have been considered and to ensure that people receive safe and effective care in accordance with the Health and Care Standards.</p>		<p>Pain assessment undertaken on NEWS charts. Audits have identified gaps in the reassessment after pain relief. Appropriate professional action to be taken for ongoing non-compliance.</p> <p>All areas of documentation outlined above to be audited monthly and appropriate professional action to be taken for individuals with areas on ongoing non-compliance.</p>	Matron, Emergency care, Morriston	March 2018
Quality of management and leadership				
<p>The Health Board is required to inform HIW of the action to be taken to ensure that there are sufficient numbers of paediatric nurses working within the Morriston Emergency Department in response to patients' needs.</p> <p>The Health Board is required to provide HIW with full details of the action taken/to be taken to ensure that the patient capacity in the Minor Injuries area does not compromise the ability of the allocated nursing staff to provide safe and effective care.</p>	Governance, Leadership and Accountability	<p>Emergency Department has actively tried to recruit into Paediatric posts. A recent advert for Paediatric Trained Nurses to work in Emergency Department was unsuccessful due to the vacancies in Paediatric Units and available workforce. Ongoing active recruitment to be undertaken.</p> <p>Plan to work with delegated staff who have a keen interest in paediatrics to give them</p>	Head of Nursing, ECHO	Ongoing active recruitment Monthly

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		<p>specialist training is being worked through. This will be done in conjunction with the Emergency Care Paediatrics Clinical Lead</p> <p>Currently we have a piece of work ongoing to offer rotational posts across Emergency Department and Paediatrics. The Clinical Educators are working on clinical competencies alongside the Clinical Lead for Emergency Department and Paediatrics to help up-skill nursing staff in Emergency Care Paediatrics while we continue to work towards filling the workforce gaps with appropriately paediatric trained staff.</p> <p>Joint clinical training is being currently undertaken in Emergency Department with the paediatrics medical and nursing teams in areas such as resuscitation training and pain scoring.</p>	<p>Matron & Lead Advanced Practitioner</p> <p>Head of Nursing, ECHO</p> <p>Clinical Lead (Paediatrics) / Consultant Emergency Care and Paediatric Lead</p>	<p>May 2018 & Monthly Recruitment Days</p> <p>Underway & to be continued</p> <p>Underway & continuing BI monthly</p>

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<p>The Health Board is required to inform HIW of the action taken/to be taken to ensure that staff complete the following training:</p> <ul style="list-style-type: none"> Level 3 Dementia Training for Band 7 staff Up to date training with regard to the MCA (2005)/DoLs/Safeguarding 	7.1 Workforce	As outlined above		

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.

Delivery Unit Representatives:

Name (print): Rebecca Carlton, Nicola Williams, Mark Ramsey

Job role: Unit Directors

Service Representative: Rebecca Gammon

Job role: Head of Nursing, ECHO

Date:

07.03.18