Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Hospital Inspection (Unannounced)

Abertawe Bro Morgannwg University Health Board, **Morriston Hospital and Singleton Hospital**

9 and 10 September 2015

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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@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection of paediatric (children) and maternity services within Abertawe Bro Morgannwg University Health Board on the 9 and 10 September 2015. The following hospital sites and clinical areas were visited during this inspection:

Morriston Hospital:

- Ward M (children's care)
- Oakwood Ward (children's care)
- Paediatric Assessment Unit (PAU) (children's assessment)

Singleton Hospital:

- Neonatal Unit (newborn infant care)
- Ward 19 (antenatal care)

2. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1

NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**
  We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of Safe and Effective Care:**
  We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.

- **Quality of Management and Leadership:**
  We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the inspection of paediatric and maternity services within Abertawe Bro Morgannwg University Health Board comprised of five HIW inspection managers, two clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

3. Context

Abertawe Bro Morgannwg University Health Board covers a population of approximately 500,000 people and employs around 16,500 members of staff.

The health board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are also a number of smaller community hospitals providing clinical services outside of the four main acute hospital settings.

Singleton Hospital is located on Swansea Bay, adjacent to the campus of Swansea University. There are acute general medical, care of the elderly, general surgical, ophthalmology, ENT and radiotherapy departments in addition to a high dependency unit and the obstetric and gynaecological departments.

Morriston Hospital is located on the outskirts of Swansea. It provides a range of acute surgery and medicine for patients of all ages, including inpatient, outpatient and day services. In August 2009, the children's wards and Paediatric Assessment Unit at Singleton Hospital moved to Morriston Hospital.

Ward M provides care to children who require surgical procedures. It is a specialist centre for cleft lip and palate surgery. Oakwood Ward provides care to children with medical conditions. Both wards have areas to provide care to patients with high dependency care needs. The Paediatric Assessment Unit (PAU) accepts children referred (as an emergency) via a general practitioner, a midwife or the emergency department. Following assessment, children may then be admitted to hospital or discharged home.

The neonatal unit provides specialist care to newborn babies (neonates) from all over South West Wales. The unit provides the highest level of neonatal care - neonatal intensive care, it also has neonatal high dependency care and special care cots which are used to care for the less sick neonates. Ward 19 provides antenatal care to expectant mothers being cared for by the Singleton Obstetric and Midwifery teams. Women may be admitted here from further afield than Swansea and the surrounding areas due to the other specialist services (neonatal care) available on the same site. There is a Maternity Assessment Unit and midwife - led birthing centre also located on Ward 19. We focussed on the antenatal inpatient area of the ward.

4. Summary

We found that patients were treated with dignity and respect. This is because we observed staff being compassionate and protecting the privacy and dignity of patients and their families.

Information was available to patients via a variety of means and they told us staff had spoken to them about their care and treatment in a way they could understand.

The environment of the children's wards was well maintained and brightly decorated, however we did identify some improvement was needed to the layout of these areas. Senior hospital staff told us an estates strategy was in place within the wider health board to develop the hospitals and any redevelopment work required was being considered on a priority basis. They agreed to communicate this to staff working in the children's wards.

Arrangements were in place for patients and their families to give feedback on their experiences via a variety of different methods and these were clearly displayed.

We found systems were in place with the aim of protecting patients from avoidable harm and to keep them safe. However, we have asked the health board to consider whether any further action is required to increase staff awareness of patient safety information relevant to their area of work. All the clinical areas we visited were clean and free from obvious hazards.

Staff had assessed patients' needs and developed written care plans to meet these needs. Records we saw clearly demonstrated input from the multidisciplinary team. We identified that some care plans would benefit from more detail and senior staff agreed to consider our comments in this regard.

Patients had a choice of meals and whilst food on the children's ward looked appetising, we have asked the health board to explore ways to improve the quality and presentation of meals served within the maternity ward we visited.

Overall, arrangements were in place for the safe management of medicines. We did identify some improvement was needed in relation to the recording of stock amounts of controlled drugs and have asked the health board to take action regarding this matter.

We found strong leadership and direction provided by senior staff in each of the clinical areas inspected. Systems were described as being in place to monitor the effectiveness and safety of services provided.

Staff presented as professional and knowledgeable, with numbers and skill mix within staff teams appearing appropriate to meet the needs of patients.

Staff confirmed they had access to training opportunities relevant to their role. Practice development nurses were employed to assist staff with their practice development needs.

Previous Inspections by Healthcare Inspectorate Wales

Healthcare Inspectorate Wales conducted dignity and essential care inspections at both Morriston Hospital and Singleton Hospital during November 2014 and January 2015 respectively. Reports[1] of our findings are available on the HIW website (www.hiw.org.uk)

Whilst this recent inspection considered different clinical areas, we did consider recommendations made at previous inspection activity. This was to establish whether specific improvement action described by the health board in response to previous HIW inspection findings needed to be applied more widely across the hospitals inspected. At previous inspections, we identified improvement was needed around the availability of clean bed linen, the print quality of patient care documentation, written care planning, the legibility of written entries by staff in patient records and the temperature of meals.

It was pleasing to find that clean linen was readily available in the clinical areas we inspected on this occasion. It was also pleasing to note that the print quality of patient documentation being used in all areas was good. Overall we found patient records had been well maintained. However, we identified that improvement was still needed in respect of the legibility of written entries in patient records. Whilst no issue was identified around the temperature of meals served, we have asked the health board to explore ways to improve the quality and presentation of meals served within the maternity ward we inspected.

[1] HIW Dignity and Essential Care Inspection (Unannounced), Abertawe Bro Morgannwg University Health Board, Morriston Hospital, Ward V, 26 and 27 November 2014.

HIW Dignity and Essential Care Inspection (Unannounced), Abertawe Bro Morgannwg University Health Board, Singleton Hospital, Ward 6, 14 and 15 January 2015

5. Findings

Quality of the Patient Experience

We found that patients were treated with dignity and respect. This is because we observed staff being compassionate and protecting the privacy and dignity of patients and their families.

Information was available to patients via a variety of means and they told us staff had spoken to them about their care and treatment in a way they could understand.

The environment of the children's wards was well maintained and brightly decorated, however we did identify some improvement was needed to the layout of these areas. Senior hospital staff told us an estates strategy was in place within the wider health board to develop the hospitals and any redevelopment work required was being considered on a priority basis. They agreed to communicate this to staff working in the children's wards.

Arrangements were in place for patients and their families to give feedback on their experiences via a variety of different methods and these were clearly displayed.

Dignified Care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs. (Standard 4.1)

During our inspection we invited patients and/or their visitors to complete a HIW questionnaire to provide us with their views on their current experiences of the services provided. Through our questionnaires we asked for patients' views on the clinical environment, the hospital staff and the care they had received.

Sixteen questionnaires were completed in total, either via face to face interviews or returned to us separately during the inspection. Without exception, the comments received indicated staff were polite to patients and their families/friends. We observed staff being friendly and kind to patients and their visitors. This observation was further confirmed through comments made in questionnaires where patients told us staff were kind and sensitive to them

when carrying out care and treatment. Patients and their visitors indicated staff addressed them using their preferred name.

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them to make an informed decision about their care as an equal partner. (Standard 4.2)

Comments from patients and parents indicated staff had talked to them about their own or their child's (where parents provided comments) medical conditions and had helped them to understand them. Of those who returned completed questionnaires, four out of the 16 respondents indicated they were not offered the option to communicate with staff in the language of their choice.

We looked at a sample of patients' care plans. These demonstrated nursing and medical staff and other members of the multi-disciplinary team had spoken to patients (and/or their parents) about their care and treatment.

Patient information leaflets were available for patients and parents to take home. These provided information on a range of conditions/procedures relevant to the speciality of the clinical areas with some routinely available in languages other than English. This would help to reinforce information given to patients and/or their families about their care.

Staff confirmed they could access translation services should these be required to assist communication with patients.

Individual Care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2).

We saw that the staff in both hospitals were compassionate towards patients and their visitors. In all areas we visited, we found staff protecting the privacy and dignity of patients as far as possible. For example doors to single rooms were closed and curtains were used around individual bed areas.

We found that patients had a written assessment of their needs completed to identify their individual care and support requirements. Written plans of care were in place and we saw that they were being reviewed regularly.

Facilities for patients and parents were provided in the areas we inspected. Within the children's wards, these were shared across the two wards and assessment areas. The current layout meant that one of the multi bedded bays on one ward was sometimes used to access the shared facilities. This presented some challenges to staff to effectively protect the privacy of patients cared for in that area of the ward. Similarly, we were told that the current layout of the ward and assessment areas did not allow for single gender toilet and washing facilities.

We informed senior hospital managers of our findings. We were told that whilst a specific development plan was not currently in place, these areas would be considered in accordance with the health board's overall estates development strategy. Whilst the layout of the children's wards and assessment unit was not ideal, these areas were in a good state of repair and brightly decorated to appeal to children. Senior managers agreed to make arrangements to communicate the health board's strategy for improvement/development to staff working in these areas.

Improvement needed

The health board should progress with its strategy to develop the children's wards and assessment unit and communicate this to staff working in these areas.

Staff told us that the neonatal unit had been refurbished and reconfigured in response to an infection outbreak in 2011. This had resulted in the loss of a dedicated area that mothers could use to express breast milk. This was now done by the cot side, which staff felt was not ideal. We were told screens were available and used to provide privacy. At the time of our inspection, mothers with babies on the unit did not raise any concerns directly with the inspection team about this issue. However, a comment was made within one completed questionnaire that indicated the respondent felt a dedicated room would make the experience more comfortable.

The visiting arrangements in all the areas we inspected meant that patients were able to maintain contact with their families and friends, according to their wishes.

Staff who completed and returned questionnaires confirmed they had not personally experienced discrimination at work.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).

Patients and their representatives had opportunities to provide feedback on their experience via a variety of methods.

We saw comment cards readily available that could be completed by patients and/or their families before being placed in designated post boxes in clinical areas. We were told that results for individual areas were collated via the health board's patient experience team and we saw recent feedback results clearly displayed for staff and patients to see.

The health board also had other systems in place (for example via email or an online service) for patients to provide feedback or report concerns. These were publicised within the clinical areas and wider hospital environment.

Senior staff explained that wherever possible staff would try and resolve concerns raised by patients or their representatives at ward/unit level. Where this could not be achieved they were aware of the escalation process to follow so that concerns (complaints) may be considered under the *Putting Things Right*[2] arrangements.

The children's ward had implemented a 'Tops and Pants' washing line feedback system. This innovative approach meant that younger children could write or draw on a 'top' (for positive comments) or 'pants' (for negative comments) to give feedback on their experience. These comments were available to be considered by staff teams to make changes to improve the service.

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[2] *Putting Things Right* are the arrangements for managing concerns (complaints) about NHS care and treatment in Wales.

Delivery of Safe and Effective Care

We found systems were in place with the aim of protecting patients from avoidable harm and to keep them safe. However, we have asked the health board to consider whether any further action is required to increase staff awareness of patient safety information relevant to their area of work. All the clinical areas we visited were clean and free from obvious hazards.

Staff had assessed patients' needs and developed written care plans to meet these needs. Records we saw clearly demonstrated input from the multidisciplinary team. We identified that some care plans would benefit from more detail and senior staff agreed to consider our comments in this regard.

Patients had a choice of meals and whilst food on the children's ward looked appetising, we have asked the health board to explore ways to improve the quality and presentation of meals served within the maternity ward we visited.

Overall, arrangements were in place for the safe management of medicines. We did identify some improvement was needed in relation to the recording of stock amounts of controlled drugs and have asked the health board to take action regarding this matter.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

We found staff were encouraging patients to be involved in their own care and parents to be involved in caring for their children whilst in hospital. Where they required support, hospital staff provided this.

Information on breastfeeding was readily available and we found staff to be knowledgeable on the recognised benefits of breastfeeding. We also found staff were promoting this in a discreet and sensitive manner and supporting mothers to breastfeed.

In accordance with Welsh legislation[3] that bans smoking in enclosed public spaces, both hospitals we visited were designated as smoke free premises. Signs were displayed informing patients and visitors of this.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented. (Standard 2.1)

Arrangements were in place to maintain the safety of patients and staff in the areas we visited.

For example entry to the children's wards, neonatal unit and maternity assessment unit was gained via an intercom system. We observed staff politely asking visitors the reason for their visit before allowing them to proceed. We did not identify any obvious environmental hazards during our inspection. However, we did ask senior managers to review the arrangements for fire alarm points on one of the children's wards to ensure the provision of these was adequate. Senior hospital managers agreed to do this.

Within multiple bedded bays, patients' privacy was protected by the use of privacy screens and curtains. Single occupancy cubicles were provided in some of the areas. Staff told us that patients' individual needs were assessed on admission and where this identified a single cubicle was needed, arrangements would be made for this wherever possible.

We saw that relevant risk assessments had been completed as part of the patient admission process to hospital.

Welsh Government issues patient safety solutions[4] information which require health boards to take appropriate action where needed to ensure safe services.

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[3] Smoke free legislation was introduced in Wales on April 2nd 2007. The legislation banned smoking in most enclosed (or substantially enclosed) public places and aimed to address concerns about exposure to Environmental Tobacco Smoke (ETS). It was also hoped that the ban would increase the impetus of smokers to quit.

[4] Information on NHS Wales Patient Safety Solutions is available on the Patient Safety Wales website: http://www.patientsafety.wales.nhs.uk/safety-solutions-

Senior staff described arrangements for cascading such information to staff teams. We saw a safety notice displayed in one area relating to the safe storage of medicines in refrigerators. In another area, improvement action was described that aimed to reduce the risk of retained swabs used in maternity care. Whilst we saw evidence that safety solutions had been acted upon, not all staff we spoke to were aware of them. Therefore the health board should consider whether further action is required to address this.

Improvement needed

The health board should consider whether further action is required to increase staff awareness of patient safety solutions issued by Welsh Government relevant to their area of clinical practice.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).

All the clinical areas we visited were very clean and tidy. Comments received via completed HIW questionnaires also confirmed this. All areas had arrangements in place to reduce cross infection.

We saw that 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, together with posters displaying the correct hand washing procedure to follow as a visual prompt for staff. We also saw hand sanitising stations strategically placed near entrances/exits and around clinical areas for staff and visitors to use.

Areas we visited had arrangements in place to nurse patients in isolation should this be necessary to reduce cross infection. We also found that procedures were in place within each area to check and clean equipment to ensure this was safe to use and reduce the spread of infection. Staff explained that toys provided for children were checked and cleaned regularly for the same reason.

Staff we spoke to confirmed they had access to the health board's policies and procedures on infection control within the clinical areas where they worked. Staff also confirmed they had attended training on infection control within the last 12 months. We saw that regular audits had been completed in respect of infection control within the clinical areas we visited.

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).

We looked at a sample of written care plans for children being cared for on the children's wards we visited. We saw that nutritional risk assessments were being completed and plans of care were in place according to the level of risk identified. Whilst care plans were in place, we identified two patients whose care plans may have benefited from more detail regarding known food allergies/intolerances. In addition, whilst allergies had been recorded, this was not consistent across all of the patient's care documentation. We informed senior staff of our findings who agreed to address this issue.

We observed a lunchtime meal being served on one of the children's wards and the maternity ward we visited. We saw that patients in both areas were provided with a choice of meals. On the children's ward this included options that should appeal to young children and teenagers. Whilst meals on the children's ward looked appetising, those served on the maternity ward looked less appealing and we observed meals being returned uneaten.

Improvement needed

The health board should explore ways in which the quality and presentation of food on the maternity ward can be improved.

Snacks and drinks were also available outside of main meal times. We were told arrangements were in place to obtain a replacement meal should patients miss a meal.

We looked at a sample of patient fluid intake charts and found these had been completed and were up to date.

People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).

Overall, we found arrangements in place for the safe management of medicines used in the clinical areas we visited.

We saw that medicines were securely stored when not being used. Medicines requiring refrigeration were being correctly and securely stored. We saw the refrigerator temperatures had been regularly checked and monitored. In one of the areas we visited the cupboard being used for storing controlled drugs was

to be replaced so that the storage facilities would meet current guidelines for this classification of drug.

We looked at a sample of medication records and saw these had been completed correctly. We found safe practice in respect of the administration of medicines.

Records had been maintained of the amounts of controlled drugs held and administered on the wards and neonatal unit. However, we found inconsistent practice in the way residual stock amounts of liquid morphine were being recorded. One area was recording the total volume remaining whilst another area was recording the number of full and open bottles of the medicine. We informed senior staff of this so that arrangements could be made to ensure the health board's policy is adhered to across all clinical areas where controlled drugs are used.

Improvement needed

The health board must make suitable arrangements to ensure staff adhere to the health board's policy for the recording of controlled drugs when these are used in the clinical area.

The children's wards had recently introduced a new system for dispensing 'take home' medication. This involved pharmacy staff processing 'take home' medication on the ward, thus avoiding prescriptions and medication charts having to be sent to the main hospital pharmacy. Staff described the main intended benefit of this system was to reduce delays in patients receiving their medication to take home. As medication charts did not have to leave the ward, staff explained unnecessary delays in patients receiving (in patient) medication whilst still on the ward would also be avoided.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7)

As described earlier, security measures were in place to protect patients within the clinical areas we visited. Conversations with staff indicated they had a good understanding of safeguarding processes to protect the welfare and safety of patients who may be at risk.

Staff teams in all the areas we visited had access to a safeguarding lead person who could provide advice and support to staff on safeguarding issues.

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems. (Standard 2.9)

We saw that a range of medical and nursing equipment was available within the clinical areas we visited. Equipment was visibly clean and appeared well maintained.

Staff explained that they regularly checked equipment and we saw written logbooks to support the process described. Written policies were in place to guide staff on the correct cleaning and decontamination of neonatal cots and incubators.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1)

We found many examples of innovative practice within the clinical areas we visited. Some of these have been described elsewhere in this report.

Within the neonatal unit a specialised electronic heart monitoring system was being used. We were told that this monitors babies' heart rates and by displaying patterns in individual babies is used by staff to detect early signs of infection. This means that appropriate antibiotic treatment can be administered early to improve health outcomes for ill babies. Staff could recall some situations where babies had received intervention earlier than they otherwise would have and with positive effect.

We were also told about a shared access computer on the unit which contained electronic copies of departmental clinical procedures. We were told a consultant took a lead in maintaining and updating the system thus allowing staff quick access to up to date information to support them in their work.

In communicating with people, health services proactively meet individual language and communication needs. (Standard 3.2)

Information for patients and their visitors was displayed within the clinical areas we visited using text and picture formats. Signage directing to and within the clinical areas was bilingual (Welsh and English).

We saw effective use of colourful pictures and displays to communicate information to children of different ages within the children's wards. Play therapists working on the children's wards used play strategies to communicate with children in a way they could understand. We also saw good examples of how play helped to reduce children's anxiety associated with their care and treatment.

There was a designated senior midwife role with specific responsibility for ensuring that communication with ethnic minority women, throughout their maternity journey, could be made as easy and effective as possible.

Services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services. (Standard 3.3)

Staff had access to learning opportunities for their continuing professional development. Designated practice development staff were employed who arranged relevant study days for staff. They also worked alongside staff to facilitate sharing of up to date and best practice.

As described earlier, play therapists were working on the children's wards. One of the play therapists had attained a Masters Degree relevant to her work and had implemented skills and knowledge gained in the day to day practice of the team. Through our observations and conversations with staff, it was evident that this team was committed to improving the experience for children on the children's wards.

On the neonatal unit, senior staff told us about the work that had been done in conjunction with Swansea University to develop specialist neonatal nursing skills development courses. We were told that the majority of nursing staff had completed this and a small number had progressed further and qualified as neonatal advanced nurse practitioners.

We were told a research midwife was employed by the health board and actively engaged with patients to invite them to be part of the patient research programme. This was with the aim of improving future maternity care.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5)

Overall we found patient records had been well maintained.

We considered a sample of patient records currently being used within the clinical areas we visited. Multi disciplinary (team) patient records were in use in all areas. We found regular written entries had been made within patients' notes, which effectively demonstrated a multi disciplinary approach to patient care. We did identify some areas for improvement. Specifically this was in respect of the legibility of some written entries and health care professionals clearly printing their name and designation in accordance with professional standards for record keeping.

Improvement needed

The health board must make suitable arrangements to ensure healthcare professionals (including doctors, nurses and midwives) maintain patient records in accordance with current professional standards for record keeping.

Senior staff told us that documentation used within the children's wards was being evaluated with the aim of reducing unnecessary duplication. We found some written care plans used within these areas would benefit from more detail being recorded and informed senior staff of this. They agreed to consider our suggestions as part of the overall evaluation process.

We found patient records were being stored securely when not in use to prevent access by unauthorised persons.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1).

We found that staff were regularly evaluating patients' care with the aim of ensuring that their individual care needs, wishes and preferences were being

met. As described earlier, the sample of patient records we saw demonstrated input from multidisciplinary team members.

No concerns were reported to the inspection team around the timeliness of care provided during our inspection.

Quality of Management and Leadership

We found strong leadership and direction provided by senior staff in each of the clinical areas inspected. Systems were described as being in place to monitor the effectiveness and safety of services provided.

Staff presented as professional and knowledgeable, with numbers and skill mix within staff teams appearing appropriate to meet the needs of patients.

Staff confirmed they had access to training opportunities relevant to their role. Practice development nurses were employed to assist staff with their practice development needs.

Governance, leadership and accountability

> ***Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards)***

Senior staff described the systems in place to monitor the effectiveness and safety of services provided. These included local audits associated with patient care and staffing to monitor compliance with health board standards and processes. Audits were also completed with regard to concerns (complaints) and patient safety incidents with a view to ensuring that staff were supported to improve their practice wherever possible and make improvements to the provision of service as appropriate.

We found management structures were in place for the effective leadership of the clinical areas we visited.

During our inspection, we invited staff working within all the clinical areas we visited to complete a HIW questionnaire. Through our questionnaires we asked staff to provide their comments on a range of topics related to their work. In total, 19 completed questionnaires were returned. Overall, staff who completed and returned questionnaires indicated their immediate managers were supportive and provided clear feedback on their work. All staff indicated that their managers encouraged team work. Comments were more mixed regarding change, with three respondents indicating that their managers did not involve them when making decisions that affected their work. The health board may wish to explore the reasons for this for the purpose of establishing how improvements can be made.

Comments made within completed questionnaires indicated that staff were aware of who their senior managers were and overall felt communication between senior managers and staff was effective.

Staff and resources

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).

We found strong leadership and direction being provided by senior staff working in all the clinical areas we visited. Staff presented as professional and committed to providing high quality care to patients. Staffing numbers and skill mix appeared appropriate to meet the needs of the patients accommodated at the time of our inspection.

We saw staff working well together as teams and were told a system of staff rotation was in place. This was with the aim of staff gaining experience of working in other environments (within the same speciality of care) for their own professional development and to develop a flexible and responsive workforce.

Senior staff explained the health board had an escalation policy which was to be implemented in the event of a staff shortfall and/or increased patient dependency.

All staff who returned questionnaires indicated they had attended training (including taught courses and learning through on-the-job training and shadowing) within the last 12 months on topics such as; health and safety, fire safety and infection control. Most indicated they had also attended training in relation to the speciality of care in their clinical area.

Overall, the responses we received indicated that staff felt the training they had attended had helped them do their job more effectively and to deliver a better patient experience.

We saw information displayed within clinical areas on a range of relevant training sessions available to staff. Practice development nurses were also employed to assist and support staff with their practice development needs.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

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

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Morriston Hospital and Singleton Hospital

Ward/ Department: Ward M, Oakwood Ward and PAU (Children's Services) and Neonatal Unit and Ward 19 (Maternity)

Date of inspection: 9 and 10 September 2015

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
11	The health board should progress with its strategy to develop the children's wards and assessment unit and communicate this to staff working in these areas. (Health and Care Standards, Standard 6.2)			
	Delivery of Safe and Effective Care			
15	The health board should consider whether further action is required to increase staff			

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	awareness of patient safety solutions issued by Welsh Government relevant to their area of clinical practice. (Health and Care Standards, Standard 2.1)			
17	The health board should explore ways in which the quality and presentation of food on the maternity ward can be improved. (Health and Care Standards, Standard 2.5)			
17	The health board must make suitable arrangements to ensure staff adhere to the health board's policy for the recording of controlled drugs when these are used in the clinical area. (Health and Care Standards, Standard 2.6)			
21	The health board must make suitable arrangements to ensure healthcare professionals (including doctors, nurses and midwives) maintain patient records in accordance with current professional standards for record keeping. (Health and Care Standards, Standard 3.5)			
	Quality of Management and Leadership			

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	None identified from this inspection.			

Health Board Representative:

Name (print): ....

Title: ....

Date: ....