

Hospital Inspection (Unannounced)

Cardiff and Vale University Health
Board: University Hospital
Llandough, Clinical Board-Mental
Health Services for Older People,
Clinical Board-Medicine

9 to 11 February 2016

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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.

Healthcare Inspectorate Wales (HIW) completed an unscheduled, unannounced inspection at University Hospital Llandough on the 9 to 11 February 2016. The inspection focussed on patient areas associated with the Clinical Boards: Mental Health Services for Older People and Medicine respectively, operated by Cardiff and Vale University Health Board. The following wards were visited during this inspection:

Clinical Board-Mental Health Services for Older People:

- East 10
- East 14
- East 18

Clinical Board-Medicine:

- East 1
- East 4

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 to patient areas within UHL, comprised of four HIW Inspection Managers (one of whom had overall responsibility for leading the inspection), the HIW clinical director, four clinical peer reviewers and two members of the local Community Health Council. 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

Cardiff and Vale University Health Board is one of the largest National Health Service (NHS) organisations in the UK. It provides day to day health services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan who need emergency and scheduled hospital treatment and mental health care. It also delivers care in people's own homes and community clinics.

The delivery of NHS primary care services in Cardiff and the Vale of Glamorgan, including general practitioners, community pharmacists, dentists, and optometrists are also the responsibility of the Board. Additionally, it serves the population across Wales for specialties such as paediatric intensive care, specialist children's services, renal services, cardiac services, neurology, bone marrow transplantation and medical genetics.

Cardiff and Vale University Health Board includes nine hospitals and seventeen health centres.

4. Summary

This responsive three day inspection took place as a result of concerns brought to our attention from a range of sources. HIW liaised closely with Cardiff and Vale of Glamorgan Community Health Council (CHC) on two specific concerns, one of which was referred to HIW by the CHC and one which HIW had asked the CHC to explore during a visit that it was due to undertake. Overall, the concerns related to:

- Perceived low levels of staff (registered nurses in particular), during the day and night
- Patient falls which had resulted in significant injury
- Allegations of a poor standard of wound care where the physical health needs of a patient within a mental health ward environment may not have been addressed in a holistic way (this matter has been thoroughly investigated by the health board, the findings of which are to be shared with HIW, as agreed)
- Allegations of a poor standard of pressure sore prevention and management (currently under investigation by the health board)
- Allegations of negative staff attitude (which had been investigated by the health board in recent months).

HIW focussed its inspection on Health and Care Standards that specifically related to the above matters, as well as those which corresponded with issues that emerged during the course of this inspection.

Overall, the quality of the patient experience was variable within the five clinical areas we visited. Feedback from patient questionnaires about the services they had received was generally positive. There were however a large number of patients who were unable to speak with us, or complete a questionnaire. This was due to their complex health needs and difficulties with communication.

We identified the need for improvement in respect of the assessment, monitoring and management of patients' pain, mouth care and the application of Deprivation of Liberty Safeguards (DoLS)¹ legislation.

¹ Deprivation of Liberty Safeguards (DoLS) 2009 legislation aims to make sure that people in hospitals, supported living, or care homes are only deprived of their liberty in a safe way and

Conversations with staff during this inspection did though; demonstrate an on-going commitment to providing patients with a positive experience of NHS services.

As a result of very mixed findings, we were not assured that the systems in place in the areas we visited were sufficient to ensure that patients consistently received high quality, safe and reliable care.

We had serious concerns in relation to three areas of service provision: record keeping (within wards East 4 (Medicine) and Wards 10 and 18 Mental Health Services for Older People (MHSOP)); medicines management (within each of the five areas inspected; and protection of patients at risk of harm (ward East 4). This led to us take immediate corrective action. We also informed the health board of the need to address those issues as a priority.

We found evidence of good leadership and management within three of the five clinical areas inspected. In the remaining areas, one ward manager was fairly new to their role and the other area required improvement with regard to leadership and management.

We found that there were insufficient numbers of registered nursing staff working across each of the areas inspected. This matter was, however, more pronounced within East 1 (particularly at night, due to unforeseen staff sickness) and East 18 (day and night). Whilst it is acknowledged that the health board had a formal and well established process for the overall management of safe staffing levels (which aimed to provide the best staff cover possible at all times), we advised the service of the need for a systemic review of service provision in the areas inspected to ensure the health, safety and wellbeing of patients and staff.

Conversations with staff working within mental health services for older people revealed the difficulties they experienced in securing in-house general medical services during normal working hours. This undermined the ability of the ward teams to ensure that patients' physical health needs were swiftly addressed in addition to their mental health needs. This matter was discussed with senior managers who indicated that the health board was currently exploring ways to

only when it is in the person's best interest and there is no other way to look after them.
https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1327

improve communication and working arrangements between clinical boards across the hospital site.

We were able to confirm that staff in some areas (wards East 10 and East 18) had not received an annual appraisal of their work which would have provided the opportunity to discuss the effectiveness of training received and to determine what training was required in the future to assist them in providing safe and effective care to patients.

Additional Explanatory Notes

Our findings in relation to staff insufficiency, aspects of record keeping and the management of medicines resulted in HIW issuing an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which did not provide us with sufficient assurance that prompt and appropriate action was taken. HIW therefore took steps to meet with key representatives from the health board to seek further information and clarification on immediate improvements made.

We also brought two service delivery issues (in relation to the protection of vulnerable adults) to the attention of the health board on day two of our inspection (which was also documented in our immediate assurance letter). As a result, two referrals were sent to the safeguarding team. Such matters were therefore being considered through the use of the All-Wales Protection of Vulnerable Adults (POVA)² arrangements and the health board disciplinary procedures respectively.

² Further information about POVA can be found via:
http://ssiacymru.org.uk/home.php?page_id=3014

5. Findings

Quality of the Patient Experience

Overall, the quality of the patient experience was variable within the five clinical areas we visited. Feedback from patient questionnaires about the services they had received was generally positive. There were however a large number of patients who were unable to speak with us, or complete a questionnaire. This was due to their complex health needs and difficulties with communication.

We identified the need for improvement in respect of the assessment, monitoring and management of patients' pain, mouth care and the application of Deprivation of Liberty Safeguards (DoLS)³ legislation.

Conversations with staff during this inspection did demonstrate an on-going commitment to providing patients with a positive experience of NHS services.

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)

In nearly all clinical areas visited, we were able to confirm that staff treated patients with respect, courtesy and politeness; individuals being addressed by their preferred name. We also saw a number of instances whereby staff spent time with individual patients for the purpose of conversation, support and to provide assistance with drinking.

³ Deprivation of Liberty Safeguards (DoLS) 2009 legislation aims to make sure that people in hospitals, supported living, or care homes are only deprived of their liberty in a safe way and only when it is in the person's best interest and there is no other way to look after them.
https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1327

We saw that staff were protecting patients' rights to privacy and dignity. For example we saw that doors to rooms were closed and curtains were closed when staff were attending to patients' care needs.

Nineteen patients completed a HIW questionnaire across the five clinical areas inspected. Each patient indicated that staff were always polite to them and their families. They also indicated that staff listened to them.

On ward East 4, however, we identified concerns with care practice that undermined the dignity of a patient and also impacted negatively on their physical needs. Specifically, we directly observed and overheard a patient requesting assistance from a health care support worker (HCSW) to be re-positioned in bed. The patient also requested pain relief. Appropriate action was not taken in respect of either of the above. We also directly observed the failure on the part of a student nurse and a HCSW to respond to this patient when they required further assistance.

We brought this to the attention of the ward manager; action being taken to ensure that the patient concerned received the care (and ongoing pain relief) they required.

As a consequence of these findings, HIW issued the health board with an immediate assurance letter. At the time of writing, the health board had provided HIW with a response, but this did not provide us with assurance that the action taken by the health board was sufficient to ensure that the immediate risks to patient safety we identified, had been adequately addressed. HIW therefore took steps to meet with key representatives from the health board to seek further information and clarification on immediate improvements made (in respect of the health and welfare of patients in receipt of care).

During the course of our inspection (10 February 2016), the team observed many instances whereby staff in ward East 4 did not speak with patients when delivering aspects of care; the exception being a HCSW secured from the staff bank on that day. Our observations on the final day of inspection (11 February 2016) however, highlighted the presence of a much more positive staff culture and appropriate engagement between the ward team and patients.

Examination of a sample of patient records in all areas inspected, demonstrated that staff did not use any form of pain assessment tool. This would have helped to determine whether people were as comfortable and pain free as their health care condition and circumstances allowed. It was therefore not possible to confirm whether prescribed pain relief was effective, or whether it was still needed.

Improvement needed

The health board is required to provide HIW with a full description of how it will ensure that patients' pain is assessed and monitored. This is in order that patients are helped to be as comfortable and pain free as possible.

We found that there was no system in place within ward East 4 for staff to record their assessment/monitoring of patients mouth care. In addition, we spoke with one patient and found that they were in need of assistance with this part of their care.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken so that people are supported to maintain a clean, healthy, comfortable mouth and pain-free teeth and gums, enabling them to function as normal and prevent related problems.

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)
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The delivery of care in respect of this standard was not explored fully at this inspection. Rather, there was a focus on the application of the Deprivation of Liberty Safeguards (DoLS) legislation.

We held discussions with staff working on wards East 10, 14 and 18 within the mental health older persons services (MHSOP) regarding the above legislation and found that staff had a good understanding of what they needed to do when caring for patients who lacked the ability to make decisions for themselves in relation to their on-going care and treatment. We also looked at a sample of DoLS records held in each of the three areas

Overall, we found that a number of urgent and standard patient authorisations had been appropriately requested by staff in accordance with the legislation and established health board practice. However, the remainder of the DoLS process had not been fulfilled. We were told that this was largely due to the limited amount of time available to staff to complete the process and the lack of best interest assessors (which is a challenge faced by health boards across Wales). We also found that in instances where patients' DoLS authorisations were about to come to an end, no further applications had been made, despite the fact that patients' situations required further DoLS arrangements to be in

place, as stated by staff. The patients concerned were however not being unlawfully detained at the time of our inspection.

Improvement needed

The health board is required to provide HIW with full details of the action taken/to be taken to ensure that staff are able to assess and care for people in accordance with Deprivation of Liberty Safeguards Legislation.

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).

East 1 and East 4-Medicine

Whilst care records demonstrated that patients had their care needs assessed, we found the quality of care records varied. Some were very comprehensive and clearly showed the outcome of assessment and the care delivered. Other records we saw were incomplete. We could not always be assured that suitable action had been taken following assessment and monitoring of patients' conditions. Our specific findings in this regard can be found under the relevant sections of this report.

The visiting arrangements within each of five clinical areas inspected enabled patients to maintain contact with their friends and families according to their wishes.

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).

East 1 and East 4-Medicine

Patients and their representatives were given opportunities to provide feedback to the ward team on their experiences.

Senior staff explained that wherever possible staff would try and resolve concerns (complaints) raised by patients at the time. This was with the intention of resolving these quickly and efficiently. Where this was not possible senior staff demonstrated a good understanding of their responsibilities under *Putting Things Right*⁴; the arrangements for dealing with complaints about NHS care and treatment in Wales. Senior ward staff told us that they felt well supported by their managers when having to respond to complaints. Information for patients and visitors on how to provide feedback and raise a concern (complaint) was clearly displayed within the ward areas.

We were told patients were also invited to provide feedback through the completion of a '2 minutes of your time' survey. These are conducted by volunteers and the results provided to the health board.

The health board also offered patients and their representatives the opportunity to provide feedback on an ongoing basis via an online survey.

East 10, 14 and 18- Mental health services for older people

Similarly, the process for managing and resolving NHS complaints was well understood by staff who spoke with us within the older persons mental health wards East 10, 14 and 18.

⁴ *Putting Things Right* was introduced by the Welsh Government in April 2011 to manage concerns and complaints about NHS care and treatment in Wales.

Delivery of Safe and Effective Care

As a result of very mixed findings, we were not assured that the systems in place in the areas we visited were sufficient to ensure that patients consistently received high quality, safe and reliable care.

We had serious concerns in relation to three areas of service provision: record keeping (within wards East 4 (Medicine) and Wards 10 and 18 (MHSOP)); medicines management (within each of the five areas inspected); and protection of patients at risk of harm (ward East 4). This led to us take immediate corrective action. We also informed the health board of the need to address those issues as a priority.

We identified a range of other healthcare related issues associated with the delivery of safe and effective care which have resulted in a total of eleven recommendations which the health board are required to address.

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 held discussions with staff working within ward East 1 and were able to confirm that patients had very good access to heart rehabilitation services and information, following their stay in hospital.

We found that patients in receipt of care within mental health for older persons services (East 10, 14 and 18), were supported to engage and participate in community activities. This was achieved through visits to football matches and places of interest, where patients were accompanied by staff. Patients were also supported to be healthy and happy through the provision of complimentary therapy such as head massage and East 18 had a dedicated room where patients could spend time in an artificially created beach scene.

We found, however, that there were limited arrangements for staff working within East 4 to store their personal belongings securely. There were also unsatisfactory toilet facilities available to the ward team working in ward East 4; staff having to use a designated patient toilet due to a water leak in the staff area which had not been resolved in a prompt manner.

Improvement needed

The health board is required to describe the action taken/to be taken as a means of providing staff (within East 4) with suitable toilet facilities and a means of storing their personal belongings securely.

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)

We found that a number of weekly risk assessments in relation to patient falls, eating and drinking, risk of pressure damage to skin and moving and handling had not been updated within ward East 10, during the four weeks prior to this inspection. In addition, one patient's pressure damage risk assessment form had not been updated since 9 July 2015, and the food and drink assessment had not been completed since 24 November 2015. We also saw that National Early Warning System (NEWS) charts had not been completed during the two days prior to our visit; staff stating that they had not been able to do this as a result of inadequate staffing levels. These issues meant that there was the potential that aspects of patients' needs may have changed and not been recorded or considered by the staff caring for them. In addition, such changes may not have been brought to the attention of medical/other relevant staff.

Detailed examination of a sample of patient records within wards East 10 and 18 revealed that the outcomes of risk assessments were not always reflected in plans of care. This may mean that the staff team did not have a comprehensive guide to refer to, when providing care and support to patients.

Improvement needed

The health board is required to provide HIW with full details of the action taken/to be taken to ensure that risk assessment documentation is completed in a detailed and timely manner. This is to ensure that measures are put in place to minimise the risk of harm to patients.

We saw that there was a lack of clear signage appropriate to the needs of the patients within East 10, the presence of which would have assisted individuals to find their way around key areas of the ward more easily and safely. We further discovered that there were no bi-lingual signs at all in this area to assist patients whose first language was Welsh and in accordance with Welsh Language Standards (March 2016).

Improvement needed

The health board is required to inform HIW of the action taken/to be taken to address the lack of signage within ward East 10. This is to improve health and safety and demonstrate compliance with Welsh Language Standards (March 2016)

Patient risk assessment documentation was generally considered to be of an acceptable standard within wards East 1, 4, and 14.

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage. (Standard 2.2).

East 4-Medicine

Examination of the records of one patient who was admitted to the ward with existing pressure damage showed evidence of initial and on-going assessment and monitoring. This was to ensure that measures were taken to prevent further damage to the skin. We also found that this health care issue was well documented within multi-disciplinary notes and made clear within the body map in the clinical records. We further saw that the ward team had sought advice from the wound care nurse.

The content of another patient's records, (where pressure damage was present) were scrutinised in detail. In this instance we discovered that 'incorrect' entries had been made by staff on the intentional rounding chart within which staff are required to record and confirm that they have checked patients' skin and assisted patients to re-position themselves to relieve pressure. This matter is referred to in more detail under health and care standard 3.5 below.

East 18-Mental health services for older people

We looked at the records of two patients who had existing pressure damage/wounds and found insufficient evidence of assessment, monitoring and wound management at ward level. This was partly due to patients' records being generated and updated via computer software that not all staff were able to access. This resulted in staff having to refer to patient records in paper format that were not necessarily up to date. We also found a patient record entry by a visiting podiatrist, (dated the day before our inspection), which indicated that there were no staff available to help them at the point when they required assistance to change a patient's wound dressing (and we were able to confirm that the entry was accurate).

Improvement needed

The health board is required to provide HIW with details of how it will ensure that staff in all clinical areas, clearly record the risks and measures put in place to prevent and manage tissue damage.

Improvement needed

The health board is required to inform HIW with full details as to how it will ensure that staff fulfil their duty of care with regard to patient care in accordance with nursing and midwifery guidelines and the health and care standards.

Conversations with staff in all clinical areas inspected confirmed that they had easy access to a range of pressure relieving equipment to assist with the prevention of pressure damage to patients' skin.

We looked at information displayed for the public in respect of the incidence of pressure sores, falls and hospital associated infections (otherwise known as safety crosses) and found that such information was up to date in all areas inspected.

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability. (Standard 2.3)
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East 4-Medicine

Patient records examined in East 4 showed that falls risk assessment documentation had been completed. However, whilst bed rail assessment forms were in place, we found a number of instances whereby the reasons for using bed rails were not recorded

Improvement needed

The health board is required to provide details of how it will ensure that staff complete bed rail assessment forms in full. This is to ensure the health, safety and welfare of patients in receipt of care.

Call bells were within easy reach of patients at the bedside to help them request assistance and we were able to confirm that a free standing bell was used by patients in the day room/patients' lounge, if they needed to alert a member of staff.

East 10 and 18-Mental health services for older people

There were limited signs on the wards to help orientate patients and the coloured strips within the flooring in the corridor could be misinterpreted by patients as a step. This may result in patient falls.

East 18

Information held by HIW and discussions with senior staff working within East 18, revealed that six patients had fallen and sustained significant injuries (at night) between June 2015 and the time of our inspection. Each incident had been subject to investigation by the health board; lessons learned in respect of one incident stated as follows:

- There was no evidence that falls risk was a primary factor. Falls training will be accessed
- There is work being done around levels of patient observation

Despite the number and nature of the falls, and the need for 1:1 observation of varying numbers of patients at any one time, staffing levels/skill mix within ward East 18 have not been increased/alterd as stated by staff. There was also a patient in need of observation from a member of this staff team in the medical assessment unit at the time of our visit which may have depleted the pool of staff available to the ward at the time.

We looked at a sample of falls risk assessment documentation in the same clinical area and found that they were incomplete and not up to date.

All of the above findings demonstrated the need for a coherent, robust process for the assessment, monitoring and management of the identified decline in patients' physical/mental health and risk of falls.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure that staff complete falls risk assessment documentation in a full and timely manner in all clinical areas.

The layout of the ward environment created challenges for staff working East 18. This was due, in part, to the provision of individual patient rooms. We obtained copies of 1:1 observation charts in place for three separate patients. Each of the three charts contained numerous gaps where staff should have signed to state that the observation arrangements had been completed. Conversations with members of the ward team revealed that they found it difficult to complete these forms in a timely way as needed, due to insufficient

staffing levels. This formal improvement matter is referred to in more detail in the section of the inspection report entitled 'Quality of Management and Leadership'.

We saw that nurse call bells were not located near patients' beds in ward East 18. This meant that some patients may not easily be able to call for help at times when they are in their room. We were made aware that alarm mats (otherwise known as pressure pads) were put in place at night if there was an identified risk of patients falling whilst getting out of bed unaided. However, if patients (who had sufficient understanding of their use) were easily able to activate the nurse call system, they may not make any attempt to get out of bed.

Improvement needed

The health board is required to inform HIW of the action taken/to be taken to improve the ability of patients within ward East 18, to use the nurse call bell system.

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).

This health and care standard was not explored in detail within each of the five clinical areas inspected. We did however find the following:

East 1-Medicine

- Conversations with a member of the housekeeping staff working within the ward on the final day of our inspection demonstrated that they were often unable to complete the required 'full cleaning' schedules. The individual told us this was because they didn't have enough time allocated to do their work.
- The designated female patient shower room was found to be in need of some repair. Specifically, we saw that a number of tiles were not properly fixed to the wall which created difficulties in keeping the area clean. In addition, the seal around the cubicle of the shower was damaged which caused water to escape onto the floor. We were informed by staff that this estates issue had been reported 'ages ago'. The ward was otherwise generally visibly clean, tidy and well organised.

East 4-Medicine

- Consideration of the presentation of the ward environment highlighted that much of the area was cluttered; with very little provision for storage of equipment. In addition, patient's bedside tables were full of personal items and food. The above matters made it very difficult for housekeeping staff to fulfil their cleaning duties in an effective way.
- There was a range of toiletries and toothpaste in bathrooms and current infection prevention and control guidelines clearly state the need for such items to be allocated to individual patients only-not for communal use.
- We saw that staff were not washing their hands in-between assisting patients with aspects of their care. We also saw that staff were not wearing gloves or aprons at such times when they were handling soiled linen.
- We found soiled gowns on a chair in a patient's single room and we saw a used disposable continence item on top of the bin in a male designated toilet.
- There was leaking discoloured water present within the staff toilet which we were told had been out of use for some time
- The resuscitation trolley was found to be dusty which meant that some items may not be clean and ready for use in an emergency.

All of the above matters were brought to the attention of senior managers within the health board during the course of this inspection.

Improvement needed

The health board is required to provide HIW with a description of the action taken/to be taken to ensure that staff adhere to All-Wales infection prevention and control guidelines.

No formal improvements were identified in relation to this health and care standard within East 10, 14 and 18 (which form part of the clinical board for mental health services for older persons).

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

We saw that a number of records concerning patient's food and fluid intake and output were incomplete and were not always signed by a registered nurse as required. This meant that it was difficult for staff to obtain a clear view about this aspect of patients' care and treatment. In addition, one patient's nutrition records indicated that the person was refusing to eat and drink, yet there were no clear records of the action taken to prevent that patient from becoming malnourished. (East 4)

Patients' food and drink assessments/records within East 10 and 18 were not completed as frequently as they should have (that is-weekly, or sooner if needed). That meant that we were not able to find sufficient evidence of effective monitoring regarding this important element of care.

The above matters are non-compliant with the nursing and midwifery council (NMC) code for record keeping, the All-Wales nutrition and hydration standards and the health and care standards.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken in order to ensure that patients' food and fluid intake is monitored and recorded in an effective way across all clinical areas.

We found the content and recording within a sample of patients' food and drink records within East 1 (medical services) and East 14 (MHSOP), were of a satisfactory standard.

We saw that food menus were available for patients to see and make their choice of food on a daily basis, albeit that the print was small which might have caused problems for some patients who had difficulty with their vision. The health board may therefore wish to consider developing a picture menu for patients with dementia/cognitive impairment in receipt of care as this would assist them in deciding what they would like to eat and drink.

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

The health board was not compliant with regard to aspects of regulatory and professional guidance associated with the management of medicines. This is because we identified the need for improvements to the following:

- Storage of medicines (all five clinical areas visited)
- Disposal of dispensed medication (East 4)
- Necessary daily checks regarding fridge temperatures where drugs are being stored and action to be taken when fridge temperatures are recorded outside of the required range (East 4, 10, 14 and 18)
- The way doctors prescribed on patients' drug charts (East 10, 14 and 18)
- Required checks regarding the stock of controlled drugs (East 4)
- A consistent approach to the application of a system for identifying patients prior to medication administration. This is, as a means of minimising the risk of drug errors. (East 10, 14 and 18)
- The need for the health board to ensure that staff record their signatures within patients' medication records following administration of medicines as numerous gaps were noted. This meant that we were unable to be certain that patients had received their prescribed medication (East 10, 14, 18).

The above findings resulted in HIW issuing an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which failed to provide us with sufficient assurance that prompt and appropriate action was taken. HIW therefore took steps to meet with key representatives from the health board to seek further assurance and clarification on the immediate action taken to ensure that patients receive safe care.

On examination of a number of patients' medication charts, we saw that a nurse's signature had been recorded to indicate that a prescribed food supplement had been administered to the patients concerned in accordance with the All Wales Nutrition Group guidelines. However, on scrutiny of the patients' fluid intake charts, staff had not accurately recorded whether patients' had drunk small amounts of the supplement, or the entire amount. This meant that it was not possible to determine whether patients' were consuming supplements as had been prescribed. (East 4)

Improvement needed

The health board is required to provide HIW with a description of the action taken/to be taken in order to provide assurance that all staff accurately record patients' use of food supplements as prescribed.

We found that staff were able to access the health board's policy for the safe management of medicines. We also found that patients had easy access to a drink to assist them with taking their medication in all five clinical areas inspected.

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)

We directly observed an instance whereby two health care support workers, a student nurse and a registered nurse failed to respond to a patient's request to be re-positioned in bed and for pain relief.

A member of the inspection team therefore needed to intervene and ensure that the patient received due care and attention; matters that were promptly reported to the ward manager. Since that time, two Protection of Vulnerable Adult (PoVA) referrals have been submitted to the safeguarding team by the health board. In addition, suitable initial action was taken to address the above matters with the staff concerned via established disciplinary procedures.

Effective 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)

During the course of this inspection we found evidence of inappropriate and retrospective record keeping in relation to intentional rounding⁵ charts which related to two separate patients. Of the two charts, the HIW inspection team

⁵Intentional rounding involves health professionals carrying out regular checks with individual patients at set intervals. The approach helps nurses to focus on clear, measurable aims and expected health outcomes. It also helps frontline teams to organise their workload, providing more systematic, consistent care

was able to confirm that one retrospective entry in particular reflected an element of patient care that could not have been delivered as recorded. This was because a member of the inspection team was observing the patient concerned for a sustained period of more than 45 minutes in relation to that entry. This matter was brought to the attention of senior staff on discovery; and action was taken by the health board.

The above findings (in relation to health and care standard 2.7 and 3.5 above) resulted in HIW issuing an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which did not provide us with sufficient assurance that prompt and appropriate action was taken. HIW therefore took steps to meet with key representatives from the health board to seek further assurance and clarification on the improvements made to ensure that all patients receive prompt and appropriate care.

Quality of Management and Leadership

We found evidence of good leadership and management within three of the five clinical areas inspected. In the remaining areas, one ward manager was fairly new to their role and the other area required improvement with regard to leadership and management.

We found that there were insufficient numbers of registered nursing staff working across each of the areas inspected. This matter was, however, more pronounced within East 1 (particularly at night, due to unforeseen staff sickness) and East 18 (day and night). Whilst it is acknowledged that the health board had a formal and well established process for the overall management of safe staffing levels (which aimed to provide the best staff cover possible at all times), we advised the service of the need for a systemic review of service provision in the areas inspected to ensure the health, safety and wellbeing of patients and staff.

Conversations with staff working within mental health services for older people revealed the difficulties they experienced in securing in-house general medical services during normal working hours. This undermined the ability of the ward teams to ensure that patients' physical health needs were swiftly addressed in addition to their mental health needs. This matter was discussed with senior managers who indicated that the health board was currently exploring ways to improve communication and working arrangements between clinical boards across the hospital site.

We were able to confirm that staff in some areas (wards East 10 and East 18) had not received an annual appraisal of their work which would have provided the opportunity to discuss the effectiveness of training received and to determine what training was required in the future to assist them in providing safe and effective care to patients.

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).

East 1

At the time of our inspection, we found that there was a high level of unforeseen staff sickness in this clinical area. Conversations with staff present on East 1 (enhanced medical services) however, further revealed that there had been

many occasions in recent months when there had been an insufficient number of registered nurses working in the area at night. This had impacted negatively on the ability of the team to provide safe and effective care to patients in their immediate care as well as those, who were in receipt of 'telemetry monitoring'⁶ in other areas of the hospital.

East 4

Discussions with senior staff within East 4 (Medicine) revealed that there were currently 5.5 staff vacancies in the area which the health board were seeking to fill in the near future. In the interim, the ward team were supported by staff from the well established 'bank' and/or agency if needed, to ensure that there were enough staff available to care for patients.

East 18

We found that there was insufficient staff working within East 18 (MHSOP) on the night of the 9 February 2016. This was because one Registered Mental Health Nurse (RMN) and four HCSWs were providing care and support to 17 patients. Of that number, three patients required 1:1 observation and a number of others required assistance from two members of staff at any one time. This situation clearly compromised the ability of the staff, in their attempts to provide safe and effective care. Additionally, staff told us that they felt under pressure to reduce the occasions when they put 1:1 observations in place. When asked, however, whether staffing levels were regularly formally reviewed in the light of patients' overall needs, we were told that such an exercise had not taken place (even though patients in this area usually received care for approximately twelve months at any one time).

Discussions with a RMN within East 18 highlighted that they had worked for 14 hours on the 9 February 2016 in order to be able to handover necessary patient information to an agency nurse who had not previously worked in this area. We were also made aware that there had been deficits regarding the availability of registered nurses in this area for some considerable time.

⁶ **Telemetry** is the remote measurement or the remote collection of data associated with patients connected up to electrocardiogram equipment. This is in order to monitor their heart rate and blood-oxygen levels.

We observed that staff were very busy in all the wards we inspected. Given the wide range of patients' needs, combined with our overall inspection findings, there were signs that staffing levels were not always adequate.

The above findings resulted in HIW issuing an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which failed to provide us with sufficient assurance that prompt and appropriate action was taken. HIW therefore took steps to meet with key representatives from the health board to seek further assurance and clarification on the improvements made to ensure that all patients receive prompt and appropriate care.

Conversations with staff working within mental health services for older people highlighted that they experienced difficulty in accessing general medical support for their patients. More specifically, we were informed that staff working within the mental health wards were required to telephone 999 to access general medical services out of hours (in instances where the general health of a patient was of concern). Difficulties were also described within 'normal working hours' as the mental health team did not have ready access to in-house general medical services. This undermined the ability of the ward teams to ensure that patients' physical health needs were swiftly addressed in addition to their mental health needs. This matter was discussed with senior managers who indicated that the health board was currently exploring ways to improve communication and working arrangements between clinical boards across the hospital site.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure that patients receiving care and treatment within the mental health wards, are also able to access prompt care and support from the general medical team.

We found that a number of staff were not always able to access training opportunities. This meant that they may not be aware of the most up to date practice to assist them in their work. We were, however, made aware of the recent re-introduction of practice development staff within the Clinical Board for medicine; such staff already being involved in supporting staff within mental health services for older people. Conversations with senior staff within East 1 and 4 highlighted the efforts made to provide mandatory and ward specific training for staff. We were also told that staff were supported to access specialist training, for example, the care of cardiology patients.

We further found that some clinical areas inspected (East 10 and East 18) did not have suitable arrangements in place to develop personal development plans/records with members of the ward team. Where this was the case, this meant that there were no opportunities to assess the effectiveness of any training completed and determine what future training was required to assist them in their work.

Improvement needed

The health board is required to describe the action taken to ensure that staff receive an annual appraisal of their work. This is to ensure that they have the necessary skills to provide safe and effective care to patients.

Senior nurses told us that they tried to visit wards as much as possible to support managers and teams to provide safe and effective care to patients. We did however find that such skilled professionals were not able to provide as much support as they would wish to, due to competing priorities and other general management duties. Lead nurses and senior nurses were therefore very reliant on communication from other key individuals within the management structure.

Conversations with senior staff indicated that there is an emphasis on developing junior staff wherever possible through accelerated development programmes.

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, Part 2 Page 8)

East 1 and East 4-medical services

We found ward teams to be managed by senior staff who demonstrated a commitment to provide safe and effective care. The ward manager within East 4 was fairly new to her role. Our discussions with the person concerned, demonstrated that she was aware of service issues which required improvement in this area and had a clear commitment to addressing those. This was in order to raise the standard of care and support to patients.

East 10, 14 and 18-mental health services for older people

Consideration of the care processes and procedures in place within East 10, together with conversations with a number of staff, revealed that improvements were needed with regard to leadership and management in this area.

Overall, we found that there were suitable systems and processes in place within East 14 which enabled the ward manager to oversee the provision of care to patients.

Discussions with staff, exploration of the content and completion of risk assessments and plans of care for patients within East 18 highlighted the significant challenges they faced in terms of providing safe and effective care to patients. This was largely due to longstanding staff deficits, limited access to general medical support and advice with regard to patients' physical health needs. Staff in this area were also challenged by the process in place for recording patients' care as this was seen to be a combination of electronic and paper records, which often did not correspond with one another. This created unnecessary risk in terms of the provision of care to patients on a day to day basis.

Senior ward staff were able to describe their roles and responsibilities and told us they generally felt well supported by their managers and colleagues. Senior ward staff described that they met with their managers regularly and this provided opportunities for them to raise any work related issues.

We saw a number of clinical audits were conducted and were told that the results of these were considered at meetings attended by senior hospital staff to monitor the safety and effectiveness of care provided. Senior hospital staff described that where improvement was needed, action plans would be developed with ward teams and monitored until they were assured the necessary improvement had been achieved.

Responses from HIW staff questionnaires

During the course of this inspection, we gave staff the opportunity to complete a HIW questionnaire. Nineteen questionnaires were returned. A summary of staff responses is shown below:

- All staff stated that the training they had completed had helped them to do their job more effectively and/or deliver a better patient experience, although five individuals stated that they hadn't completed any Mental Capacity Act/ Deprivation of Liberty Safeguards training

- Eight staff stated that they felt involved in deciding on changes introduced that affected their department either always or usually; five indicating that they never felt involved
- All staff stated that patients' privacy and dignity was maintained either '*always*' or '*usually*'
- Sixteen individuals stated the organisation was supportive either '*always*' or '*usually*'
- All staff reported that the care of patients was the health board's top priority
- Nine staff who responded stated that they were aware of the revised Health and Care Standards (April 2015).

The governance, leadership and accountability standard within the Health and Care Standards states that 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. The Standards also set out a range of criteria for achieving this, which includes health services fostering a culture of learning and self-awareness. It is of particular concern that the health board's internal scrutiny and reporting mechanisms appear not to have provided sufficient visibility of issues at senior management level.

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, measurable, 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: University Hospital of Llandough

Ward/ Department: Wards East 1 and 4 (Clinical Board-Medical Services and
Wards 10, 14 and 18 (Clinical Board-Mental Health Services for
Older People)

Date of inspection: 9 to 11 February 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
Page 13	The health board is required to provide HIW with a full description of how it will ensure that patients' pain is assessed and monitored. This is in order that patients are helped to be as comfortable and pain free as possible. (Health and Care Standard 4.1)	Mental Health (Wards 10, 14 and 18) Operational The Clinical Board will undertake a review and evaluation of pain assessment tools currently in place,	Lead Nurse	Review completed end April 2016.

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The MHSOP Directorate will implement a revised pain assessment tool</p> <p>The Mental Health Services for Older People (MHSOP) directorate will review training needs and refresh the management of pain across all mental health settings.</p> <p>The Professional Practice Development Nurses (PPDNs) , in conjunction with the Senior Nurse, will ensure all areas are using a pain tool and where required support wards with training regarding their use. 3 PPDNs, the Advanced Nurse Practitioner and a band 7 Governance lead will be deployed to undertake this work across the 8 MHSOP wards within the timeframe</p> <p>Clinical Board</p> <p>The Mental Health Clinical Board (MHCB) will ensure this is spread across all ward areas and this will be achieved by the Professional Practice Development Nurses liaising with Ward Sisters to review management of pain control in use on the</p>	<p>Lead Nurse</p> <p>Lead Nurse</p> <p>Professional Practice Nurse/ Advanced Nurse Practitioner/ Governance Lead</p> <p>Director of Nursing</p>	<p>End June 2016</p> <p>June 2016</p> <p>July 2016</p> <p>July 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>remaining wards in Mental Health Clinical Board. The audit of the use of pain tools will be monitored via the Additional Governance Support arrangements being implemented by the MHCB.</p>		
		<p>Medicine (Wards East 1 and 4) The Pain assessment tool recommended by the Pain Team was introduced in March on ward East 4. Further education is required regarding this tool and suggestions made by the ward team to adapt tool. Pain team will deliver training on team days 20/4 and 21/4</p> <p>Supervisory level Medicine The Practice Educator Nurses in conjunction with the Senior Nurses will ensure all areas are using a pain tool and where required support wards with training regarding their use.</p> <p>The Senior/Lead Nurses will audit the pain tool across wards in Medicine Clinical Board (MCB) following implementation. As the trigger for the use of tool is via the intentional rounding document this will be included in the audit.</p>	<p>Ward Sister East 4</p> <p>Practice Educators</p> <p>Senior Nurses</p>	<p>Training completed on 20/4 and 21/4. Review May 2016</p> <p>End May 2016</p> <p>End May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Medicine Clinical Board</p> <p>The MCB will ensure this is spread across all ward areas and this will be achieved by the Practice Educators liaising with Ward Sisters to review management of pain control in use on the remaining wards in Medicine Clinical Board. Where there are no tools in current use these will be implemented. The audit of the use of pain tools will be added to the audit plan for nursing in MCB.</p>	<p>Director of Nursing MCB</p>	<p>June 2016</p>
		<p>UHB Corporate Level Actions</p> <p>Completion of pain assessment and evaluation will be added to the 1000 lives Quality Checks tool which is being revised by the Health Board to ensure that it measures compliance across all Health and Care Standards and addresses inspection requirements of the Health Board.</p> <p>A review of the current provision and uptake of pain management training will be undertaken</p>	<p>Senior Nurse Standards and Professional Regulation</p> <p>Deputy Chief Nurse</p>	<p>July 2016</p> <p>End June 2016</p>
<p>Page 13</p>	<p>The health board is required to provide HIW with details of the action taken/to be taken so that people are supported to maintain a</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>This issue was not specifically identified within the mental health wards but the actions identified</p>	<p>Director of Nursing MHC</p>	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>clean, healthy, comfortable mouth and pain-free teeth and gums, enabling them to function as normal and prevent related problems.</p> <p>(Health and Care Standard 4.1)</p>	<p>within the improvement plan will be considered and implemented as required</p>		
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Oral care bundle is currently not in use on ward East 4. Care is currently prescribed via care plans. The Ward Sister is undertaking work with the Senior Nurse to improve oral care, an action plan is in place and is monitored bi weekly.</p> <p>Supervisory Medicine</p> <p>The revised bundle will be completed in June 2016 and rolled out across Medicine Clinical Board July-August 2016.</p> <p>Clinical Board Medicine</p> <p>The Clinical Board will ensure the revised tool is developed and implemented widely with audit results presented to the Medicine Nursing Board</p>	<p>Ward Sister Senior Nurse</p> <p>Lead Nurses Medicine</p> <p>Director of Nursing MCB</p>	<p>May 2016</p> <p>In place by end of August 2016. Review Sept 2016.</p> <p>October 2016</p>
		<p>UHB Corporate Level Actions</p> <p>The Health Board are working with the 1000+</p>	<p>Senior Nurse</p>	<p>Pilot to begin</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>lives lead for mouth care to pilot the revised All Wales Mouth care assessment tool and care plans. The revised tool aims to simplify the assessment process and piloting should commence at this Health Board in May 2016</p> <p>Evidence of provision of mouth care assessment will continue to be monitored through the review of care plans and intentional rounding charts, as well as visual inspection where appropriate as part of the ward inspection programme. This will be reported as part of internal inspection reports</p>	<p>Standards and Professional Regulation</p> <p>Senior Nurse Standards and Professional Regulation</p>	<p>May 2016</p> <p>Already embedded as part of practice but review in September 2016.</p>
Page 14	<p>The health board is required to provide HIW with full details of the action taken/to be taken to ensure that staff are able to assess and care for people in accordance with Deprivation of Liberty Safeguards Legislation. (Health and Care Standard 4.2)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>Initial testing of ward based knowledge following the inspection, showed that frontline staff are aware of and have good knowledge of Capacity and Deprivation of Liberty Safeguards (DoLS).</p> <p>Supervisory</p> <p>Each ward also has a “white board” which contains a range of information, including legal status. This has been reviewed by the Lead Nurse and is now current and up to date on all wards.</p>	<p>Senior Nurse</p> <p>Lead nurse</p>	<p>.</p> <p>Complete</p> <p>Complete</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The senior nurse will develop an audit tool to ensure MCA legislation is being met.</p> <p>Clinical Board</p> <p>The MHCB will review the outcome of the audits through the Additional Governance Support arrangements being implemented.</p> <p>The Mental Health Clinical Board (MHCB) will agree a plan for the investment of anticipated additional funding from Welsh Government in 2016/7 to ensure DoLS assessment capacity is adequate within Health Board areas, with specific regard to timely access to Best Interest Assessors.</p>	<p>Senior Nurse</p> <p>Director of Nursing</p> <p>Mental Health Clinical Board Senior Management team</p>	<p>June 2016</p> <p>June 2016</p> <p>As soon as funding is agreed by WG. This is anticipated in the next few months.</p>
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Ward Sisters and doctors will be reminded of the requirements to comply with DoLS Legislation.</p> <p>DoLS training and enhanced observation to be given at ward team days on 20/21 April Further</p>	<p>Clinical Board Director and Director of Nursing MCB</p> <p>Senior Nurses</p>	<p>May 2016</p> <p>Training completed on</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>this issue will be discussed at the weekly Operational Meeting</p> <p>Supervisory Medicine</p> <p>Senior Nurses will assess relevant patients who may be pertinent to this legislation to ensure it has been considered and where appropriate is in place.</p> <p>An audit tool to be administered on a regular basis by Senior Nurses will be developed and implemented in June 2016, to ensure the legislation is being considered and applied.</p> <p>Clinical Board Medicine</p> <p>The number of medical and nursing staff trained and educated in the use and application of Deprivation of Liberty Safeguards Legislation, will be ascertained via the electronic training record. A training plan will be developed to improve the position regarding the number of staff trained in the legislation.</p>	<p>Senior Nurses</p> <p>Quality and Governance Lead for Medicine Clinical Board</p> <p>Quality and Governance Lead for Medicine Clinical Board</p>	<p>20/4. Review May 2016</p> <p>May 2016</p> <p>June 2016</p> <p>June 2016</p>
		<p>UHB Corporate Level Actions</p> <p>Monitoring of the application of DoLS has recently been undertaken by the internal audit team of the</p>	<p>Medical Director</p>	<p>All actions to be completed</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>NHS Wales Shared Services Partnership. A management response is in place and is being monitored by the Cardiff and Vale University Health Board (UHB) Audit Committee</p> <p>Early discussions have commenced to include DoLS in the PARIS system (this is the electronic patient record in mental health).</p> <p>The Health Board Mental Health and Capacity Legislation Committee will continue to monitor all outstanding assessment and compliance with DoLS every 3 months. (The supervisory authority sends a letter to the managing authority to remind them when an authorisation is due to lapse)</p> <p>The UHB will consider establishing a system of ad hoc audit to ensure that there all in -patients who require DoLs application have been appropriately identified</p> <p>KPIs related to the uptake of training for the Mental Capacity Act and DoLS will be more effectively embedded in to Clinical Board performance review KPIs.</p> <p>There will be review of the provision and uptake of DoLS training for medical staff.</p>	<p>Medical Director</p> <p>Assistant Director Patient Safety and Quality</p> <p>Medical Director</p>	<p>by end April 2016</p> <p>This work has commenced March 2016.</p> <p>In place. Review September 2016.</p> <p>End June 2016</p> <p>In place by end April 2016</p> <p>End June 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care				
Page 17	The health board is required to describe the action taken/to be taken as a means of providing staff with suitable facilities to store their personal belongings and to take their allocated breaks from providing patient care (Health and Care Standard 1.1)	<p>Mental Health (Wards 10, 14 and 18)</p> <p>All MHSOP wards at UHL have adequate provision of rest rooms and staff storage. No further action is required.</p> <p>Operational Medicine</p> <p>Ward Sister or nurse in charge will ensure the roster ensures staff are able to take their breaks in line with policy. Staff rooms are available on East 1 and East 4 for staff to rest, away from patients and their relatives. Lockers are also available within these areas to ensure staff belongings are safe.</p> <p>Supervisory Medicine</p> <p>Senior Nurses will review rosters to ensure staff are able to take relevant breaks and that personal belongings are kept securely.</p> <p>Clinical Board Medicine</p> <p>The Clinical Board will discuss at the next Local Partnership Forum the issue of staff breaks and facilities to ensure all staff needs are being met. Where facilities are lacking Ward Sisters or</p>	<p>N/A</p> <p>Ward Sisters</p> <p>Senior Nurses</p> <p>Head of Delivery MCB</p>	<p>N/A</p> <p>April 2016</p> <p>April 2016</p> <p>May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Departmental Heads will be supported to submit to submit applications for monies to improve the staff working environment.</p>		
		<p>UHB Corporate Level Actions</p> <p>Monitor progress with implementation through Quality, Safety and Experience committee monitoring arrangements</p>	<p>Chief Nurse/Executive Nurse Director</p>	<p>Progress report to QSE in September 2016</p>
<p>Page 17</p>	<p>The health board is required to provide HIW with full details of the action taken/to be taken to ensure that risk assessment documentation is completed in a detailed and timely manner. This is to ensure that measures are put in place to minimise the risk of harm to patients.</p> <p>(Health and Care Standard 2.1)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>The Directorate will undertake an immediate review and ensure that all risk assessments are current, as a matter of urgency.</p> <p>The outcome of the audit will be reported at the next Directorate QSE meeting.</p> <p>Supervisory</p> <p>The senior nurse will ensure staff are released to attend the WARRN training to assist in risk formulation</p>	<p>Senior Nurse</p> <p>Lead Nurse</p> <p>Lead Nurse</p>	<p>The review has been completed April 2016</p> <p>May 2016</p> <p>April 2017</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>There is ongoing random sampling of patient records including Risk Assessment under the Mental Health Measure performance requirements which will continue. In view of the HIW findings, the UHB will increase the sample size during the audits</p> <p>Clinical Board The audit report will be monitored by the MHCB through the Directorate Performance Reviews and through the Additional Governance Support being implemented.</p>	<p>Project Lead for Mental Health Measure</p> <p>Clinical Board Director</p>	<p>This is in place and embedded as part of routine practice. Review end May 2016.</p> <p>October 2016</p>
		<p>Operational Medicine Ward Sister's and staff will be reminded of the need to ensure all risk assessment documentation is completed fully. This will be discussed at safety briefings.</p> <p>Supervisory Medicine Senior Nurses will ensure the safety briefing cascades have occurred and audit the generic risk assessment booklets to ensure completeness. The initial audit will determine the</p>	<p>Director of Nursing MCB</p> <p>Senior Nurses</p>	<p>April 2016</p> <p>May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>frequency of audits which will be no less than 3 monthly.</p> <p>Clinical Board</p> <p>The audit activity will be reported at MCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their performance meetings with the Director of Nursing.</p>	<p>Director of Nursing MCB</p>	<p>June 2016</p>
		<p>UHB Corporate Level Actions</p> <p>A formal briefing will be issued to all Health Care Professionals, reminding them of their professional duty to maintain accurate, up to date, complete and contemporaneous records at all times</p> <p>We have re-visited the risk assessment booklet which was streamlined in 2014 in responses to feedback from ward staff and this now includes risk assessments that are core to patient across all specialties. Additional risk assessments are completed based on individual needs of patients, for example, behaviour. We believe that the right tools are in place.</p> <p>The process to access the electronic versions used in Mental Health wards will be facilitated so</p>	<p>Medical Director/ Chief Nurse/Executive Nurse Director</p> <p>Deputy Chief Nurse</p> <p>Deputy Chief Nurse</p>	<p>Completed. 29th February</p> <p>June 2016.</p> <p>13 April 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>that compliance can be assessed Health Board wide.</p> <p>Findings from this monitoring will be reported through Clinical Board Quality and Safety Groups and discussed at Clinic Board Director of Nursing Review with the Chief Nurse/ Executive Nurse Director and Deputy Chief Nurse.</p> <p>The Quality Checks tool developed by 1000 lives+ will be revised to meet internal inspection requirements.</p> <p>A revised programme of inspections will be put in place and in the mean time, the inspection team will continue to use the health board developed inspection tool.</p> <p>The number of wards subject to the internal inspection programme will increase to 90% annually.</p> <p>Compliance with completion of patient records will continue to be reviewed as an integral part of undertaking investigations following concern or incident. This will be emphasised at Root Cause Analysis training and the presentation will be</p>	<p>Clinical Board Directors of Nursing</p> <p>Deputy Chief Nurse</p> <p>Deputy Chief Nurse</p> <p>Deputy Chief Nurse</p> <p>Patient Safety Manager</p>	<p>Completed</p> <p>With immediate effect.</p> <p>End May 2016</p> <p>By end March 2017</p> <p>In place by end June 2016</p> <p>In place by end May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		updated to highlight this		
Page 18	<p>The health board is required to inform HIW of the action taken/to be taken to address the lack of signage within ward East 10. This is to improve health and safety and demonstrate compliance with relevant welsh language legislation.</p> <p>(Health and Care Standard 2.1)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>The Senior Nurse will deploy laminated signage on Ward E10, to bring it up to the standard of other wards and ensure that information for patients is as clear as it can be.</p> <p>Supervisory</p> <p>The Directorate will work through the Kings Fund guidance for Dementia Environments and apply it, as far as possible, to the MHSOP wards at UHL.</p> <p>Clinical Board</p> <p>The MHCB will liaise with the Estates department to ensure wards are compliant with the UHBs Way Finding Strategy and the Welsh Language legislation.</p>	<p>Senior Nurse</p> <p>Lead Nurse</p> <p>Head of Operations and Delivery</p>	<p>April 22nd 2016</p> <p>December 31st, 2016</p> <p>June 2016</p>
		<p>UHB Corporate Level Actions</p> <p>This finding will be directed to the UHB Wayfinding Group so that this recommendation</p>	Deputy Chief Nurse	May 2016.

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Ward Sister's and staff will be reminded of the need to ensure all risk assessment documentation regarding tissue damage is completed fully. This will be discussed at safety briefings.</p> <p>Practice Educators will support ward staff that require education pertaining to assessing risk and categorising tissue damage.</p> <p>Tissue viability Nurse is attending ward team day on East 4 to provide further education</p> <p>Supervisory Medicine</p> <p>Senior Nurses will ensure the safety briefing cascades have occurred and audit the risk assessments and measures prescribed for care. The initial audit will determine the frequency of audits which will be no less than 3 monthly.</p> <p>Clinical Board</p> <p>The audit activity will be reported at MCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their performance</p>	<p>Director of Nursing MCB</p> <p>Practice Educators</p> <p>Senior Nurses</p> <p>Director of Nursing</p>	<p>April 2016</p> <p>May 2016</p> <p>May 2016</p> <p>June 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		meetings with the Director of Nursing.	MCB	
		<p>UHB Corporate Level Actions</p> <p>Review the education, training and roll out of the SKIN bundle and its effectiveness and refresh the training and roll out as required.</p> <p>The tissue Viability service will be cover the depth and breadth of the UHB</p> <p>Clinical Board improvement plans in relation to Pressure Damage will be monitored by the Nursing and Midwifery Board (NMB) (Action plans and formal progress reports have been requested every 6 weeks)</p> <p>KPIs in relation to pressure damage will be more effectively embedded in to Clinical Board performance review arrangements</p> <p>Ward compliance is reported through the All Wales Health and Care monitoring system and will continue to be monitored at monthly Clinic</p>	<p>Deputy Chief Nurse</p> <p>Chief Nurse/Executive Director Nursing</p> <p>Deputy Chief Nurse</p> <p>Assistant Director Patient Safety and Quality</p> <p>Chief Nurse/ executive Nurse</p>	<p>June 2016. Review Sept 2016</p> <p>Review Sept 2016.</p> <p>In place.</p> <p>End April 2016</p> <p>In place.</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Board Director of Nursing Professional Performance Review with the Chief Nurse/ Executive Nurse Director and Deputy Chief Nurse.</p> <p>The UHB will continue to carry out themed inspections to areas where there are particular concerns regarding the provision of pressure area care. (This will be aligned with internal patient safety processes to ensure that actions taken as the result of an investigation in to pressure damage have been fully implemented)</p> <p>The outcomes of all internal inspections will be monitored to specifically identify any ongoing issues with the compliance with completion of risk assessments and appropriate action planning, so that immediate action can be taken as appropriate.</p> <p>Progress that work that is already underway with the Local Authority (LA) to meet reporting requirements in respect of grade 3 and 4 pressure damage in line with requirement of Social Services and Wellbeing Act</p> <p>All Health Care professionals were reminded via a formal briefing of their professional duty to maintain accurate, up to date, complete and</p>	<p>Director</p> <p>Senior Nurse Standards and Professional Regulation</p> <p>Deputy Chief Nurse</p> <p>Lead Nurse Safeguarding</p> <p>Medical Director/ Chief Nurse – executive Nurse</p>	<p>In place. Review Sept 2016</p> <p>In place. Review Sept 2016</p> <p>End June 2016</p> <p>Completed February 29th 2016.</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>contemporaneous records at all times</p> <p>Key Performance Indicators (KPIs) in relation to pressure damage will be more effectively embedded in to Clinical Board performance reviews</p>	<p>Director</p> <p>Assistant Director Patient Safety and Quality</p>	<p>End April 2016.</p>
Page 19	<p>The health board is required to inform HIW with full details as to how it will ensure that staff fulfil their duty of care in accordance with nursing and midwifery guidelines and the health and care standards.</p> <p>(Health and Care Standard 2.2)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>All 24 Ward Sisters/Charge Nurses and their deputies will undertake a Clinical leadership course. Priority will be given to releasing Sister/Charge Nurses to the first cohorts of courses</p> <p>Supervisory</p> <p>All Senior Nurses to have undertaken or to attend Senior Clinical Leadership course.</p> <p>Clinical Board</p> <p>Ward Sister to undertake role of Supervisory Ward Sister as agreed, by increasing the</p>	<p>Senior Nurse</p> <p>Lead Nurses</p> <p>Director of Nursing</p>	<p>All Sisters and Charge nurses and their deputies will have completed Leadership courses by December 2018</p> <p>December 2018</p> <p>December 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>supervisory time available to 0.6WTE Currently there is 0.2 WTE supervisory time available for ward managers/deputies to undertake non-clinical duties</p> <p>The MHCB will monitor professional standard issues through the Quality and Safety fora.</p> <p>MCB will request and support Unannounced Dignity and Care visits to wards from the Corporate Nursing Team to asses care delivery</p>	<p>Director of Nursing</p> <p>Director of Nursing Clinical Board Director Professional Heads</p>	<p>Bi-monthly commencing June 2016</p> <p>June 2016</p>
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Staff will be reminded of their duty of care to patients via safety notices and ward meetings.</p> <p>Personal Appraisal Development Reviews (PADRs) to reflect the requirements for staff to fulfil their duty of care, with revalidation portfolios also reflecting this.</p>	<p>Director of Nursing</p> <p>Ward Sisters/Senior Nurses/Lead Nurses</p>	<p>May 2016</p> <p>May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Supervisory Medicine</p> <p>All Ward Sisters to have undertaken or will attend Royal College of Nursing (RCN) Clinical leadership course.</p> <p>All Senior Nurses to have undertaken or to attend Senior Clinical Leadership course.</p> <p>Ward Sister to undertake role of Supervisory Ward Sister as agreed via the Nursing Framework consultation process that was undertaken in November 2015. Work ongoing to establish roles and responsibilities of Supervisory Ward Sister within Medicine Clinical Board.</p> <p>Clinical Board Medicine</p> <p>Director of Nursing to attend Ward Sisters Development day to reinforce duty of care for patients.</p> <p>Issues pertaining to care issues to be monitored via in house monitoring arrangement such as Quality, Safety, Experience (QSE) arrangements and performance reviews with Directorates.</p>	<p>Senior Nurse</p> <p>Lead Nurses</p> <p>Lead Nurses</p> <p>Director of Nursing</p> <p>Director of Nursing</p>	<p>December 2018</p> <p>December 2018</p> <p>June 2016</p> <p>May 2016</p> <p>May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>MCB will request and support Unannounced Dignity and Care visits to wards from the Corporate Nursing Team to asses care delivery</p>	<p>Director of Nursing</p>	<p>May 2016</p>
		<p>UHB Corporate Level Actions</p> <p>The UHB will explore the feasibility of designing a be-spoke leadership course MHSOP Sisters, Charge Nurses and their deputies</p> <p>All staff have been reminded of their professional duties in relation to record keeping and medicines management in separate briefings form the Executive team</p> <p>PADR and revalidation is now aligned with Code of Conduct</p> <p>Revise current approach to internal inspection to provide increased rigour and to strengthen internal governance arrangements for reporting and monitoring (This will include a plan to increase the unannounced internal inspection schedule and revisit on a regular basis areas of concern or</p>	<p>Chief Nurse/ Director of Nursing MHCB</p> <p>Medical Director/ Chief Nurse/ Director of therapies and health sciences</p> <p>Deputy Chief Nurse</p> <p>Deputy Chief Nurse</p>	<p>End June 2016</p> <p>Completed.</p> <p>In place and embedded</p> <p>End April 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>areas where limited progress has been shown)</p> <p>Implement revised approach to internal inspections following QSE approval</p> <p>Revision of the internal inspection guide - Quality Checks Tool developed by 1000+lives - is required to incorporate additional elements that have been identified while the tool has been tested.</p> <p>The UHB will provide more Inspection work shops. These have been developed as a means to increase the number of individuals available to undertake inspections and to encourage Clinical Boards to undertake their own inspections as an integral part of improvement methodology.</p> <p>The Nursing and Midwifery Standards and Performance framework which reflects the Health Board values and behaviours that all staff should comply will be revised and re-launched to reflect changes at local board, national level and to reflect the introduction of Revalidation by the Nursing and Midwifery Council (NMC).</p> <p>Failure by any staff member to fulfil their duty of</p>	<p>Deputy Chief Nurse</p> <p>Senior Nurse Standards and Professional Regulation</p> <p>Deputy Chief Nurse</p> <p>Clinical Board Nurse Directors of</p>	<p>End June 2016</p> <p>Dates to be agreed by end may 2016</p> <p>June 2016</p> <p>In place</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		care in accordance with standards will continue to be investigated in accordance with Health Board policies and procedures	Nursing	
Page 19	<p>The health board is required to provide details of how it will ensure that staff complete bed rail assessment forms in full. This is to ensure the health, safety and welfare of patients in receipt of care.</p> <p>(Health and Care Standard 2.3)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>Senior Nurse to remind all staff of the importance of fully completing a Falls Risk assessments</p> <p>Professional Practice Development Nurses and physiotherapy staff to support ward staff requiring education relating to falls risk assessment</p> <p>Supervisory</p> <p>The MHSOP Directorate will continue to audit Falls, including any relating to bed rails and report through the Quality and safety fora.</p> <p>Clinical Board</p> <p>The audit activity will be reported at MHCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their</p>	<p>Senior Nurse</p> <p>Professional Practice Development Nurses</p> <p>Lead Nurse</p> <p>Director of Nursing</p>	<p>May 2016</p> <p>June 2016</p> <p>June 2016</p> <p>July 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		performance meetings with the Director of Nursing.		
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Ward Sister's and staff will be reminded of the need to ensure all bed rail risk assessment documentation is completed fully. This will be discussed at safety briefings.</p> <p>Practice Educators will support ward staff that require education pertaining to assessing risk.</p> <p>Supervisory Medicine</p> <p>Senior Nurses will ensure the safety briefing cascades have occurred and audit the risk assessments and prescribed intervention re rails. The initial audit will determine the frequency of audits which will be no less than 3 monthly.</p> <p>Clinical Board</p> <p>The audit activity will be reported at MCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their performance meetings with the Director of Nursing.</p>	<p>Director of Nursing MCB</p> <p>Practice Educators</p> <p>Senior Nurses</p> <p>Director of Nursing MCB</p>	<p>April 2016</p> <p>May 2016</p> <p>May 2016</p> <p>June 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>UHB Corporate Level Actions</p> <p>Corporate level</p> <p>The UHB will undertake a review of the current training provision available for the prevention and management of falls. This will include the current level of uptake on training. A report and recommendations will be presented at a suitable UHB Committee</p> <p>The Health Board will continue to report to Welsh Government reportable incidents and fractured neck of femurs as result of falls. A detailed update report will be provided as part of the October QSE Committee which is dedicated to the analysis of Serious Incidents</p> <p>The UHB will continue to carry out themed inspections to areas where there are particular concerns regarding documentation related to falls prevention.</p> <p>As above all staff have been reminded via a</p>	<p>Deputy Chief Nurse</p> <p>Assistant Director Patient Safety and Quality</p> <p>Deputy Chief Nurse</p> <p>Medical Director/</p>	<p>End June 2016</p> <p>Completed October 2016</p> <p>In place. Review September 2016</p> <p>Completed February 29th</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>formal briefing of their professional duty to maintain accurate, up to date, complete and contemporaneous records at all times</p> <p>Unannounced spot check of nursing documentation will continue as an integral part of ward inspections</p> <p>KPIs related to incidence of serious falls will be more effectively embedded in to Clinical Board Performance Review KPIS</p>	<p>Chief Nurse/Executive Nurse Director/Director of therapies</p> <p>Senior Nurse Standards and Professional Regulation</p> <p>Assistant Director Patient Safety and Quality</p>	<p>2016</p> <p>In place. Review Sept 2016.</p> <p>In place by end April 2016.</p>
Page 20	<p>The health board is required to provide HIW with details of the action taken/to be taken to ensure that staff complete falls risk assessment documentation in a full and timely manner in all clinical areas. (Health and Care Standard 2.3)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>The Directorate will ensure that all falls documentation, where indicated, is completed and current.</p> <p>Practice Educators will support ward staff that require education pertaining to assessing risk</p> <p>Supervisory</p> <p>The Directorate will continue to participate in the development of Falls management guidance at an All Wales level, and to produce a plan for local</p>	<p>Senior Nurse Consultant Lead Therapy Lead</p> <p>Practice Educators</p> <p>Lead Nurse</p>	<p>22nd April 2016</p> <p>Review September 2016</p> <p>June 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>mental-health orientated training.</p> <p>The Falls Risk Assessment will form part of a quarterly audit cycle and reported through the Directorate Quality and Safety processes</p> <p>Clinical Board</p> <p>The audit activity will be reported at MHCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their performance meetings with the Director of Nursing.</p>	<p>Project Manager Mental Health Measure</p> <p>Director of Nursing</p>	<p>July 2016</p> <p>July 2016</p>
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Ward Sister's and staff will be reminded of the need to ensure all falls risk assessment documentation is completed fully. This will be discussed at safety briefings.</p> <p>Practice Educators will support ward staff that require education pertaining to assessing risk.</p> <p>Supervisory Medicine</p> <p>Senior Nurses will ensure the safety briefing cascades have occurred and audit the risk assessments. The initial audit will determine the frequency of audits which will be no less than 3</p>	<p>Director of Nursing MCB</p> <p>Practice Educators</p> <p>Senior Nurses</p>	<p>April 2016</p> <p>May 2016</p> <p>May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>monthly.</p> <p>Clinical Board</p> <p>The audit activity will be reported at MCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their performance meetings with the Director of Nursing.</p>	<p>Director of Nursing MCB</p>	<p>June 2016</p>
		<p>UHB Corporate Level Actions</p> <p>All staff will be reminded via a formal briefing of their professional duty to maintain accurate, up to date, complete and contemporaneous records at all times</p> <p>As above unannounced spot check of nursing documentation will continue as an integral part of ward inspections.</p>	<p>Medical Director/ Chief Nurse/Executive Nurse Director</p> <p>Senior Nurse Standards and Professional Regulation</p>	<p>Completed Feb 29th 2016</p> <p>In place</p>
<p>Page 21</p>	<p>The health board is required to inform HIW of the action taken/to be taken to improve the ability of patients within ward East 18, to use the nurse call bell system.</p> <p>(Health and Care Standard 2.3)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>The MHCB will ensure that patients receive attention when they require it and that this is achieved through regular checks, increased observations levels where necessary, and by use of bed sensors and alarms at night. It will also</p>	<p>Lead Nurses</p>	<p>End June 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Supervisory Medicine</p> <p>Senior Nurses on visiting wards remind any staff who are failing to adhere to IPC procedures of the need to do so.</p> <p>Senior Nurses will undertake IPC audits in conjunction with corporate IPC Nurses on a regular basis no less that 2 per year per area. They will action accordingly any remedial issues.</p> <p>Clinical Board Medicine</p> <p>MCB will review result of IPC audit at the Nursing Board with appropriate actions taken</p> <p>Performance will also be managed via the Lead Nurses performance meetings</p>	<p>Senior Nurses</p> <p>Senior Nurses and IPC team</p> <p>Director of Nursing</p>	<p>May 2016</p> <p>May 2017</p> <p>May 2016</p>
		<p>UHB Corporate Level Actions</p> <p>KPIs in relation to the Infection Prevention +Control (IP+C) and the uptake of IP+C training are to be more effectively embedded within Clinical Board performance reviews</p> <p>Wards are required to conduct their own hand hygiene and 'Bare below the Elbow' (BBE) audits monthly. Results of these audits will be monitored by the UHB IP+C groups and appropriate action taken as necessary</p>	<p>Assistant Director Patient Safety and Quality</p> <p>Chair IP+C group</p>	<p>End April 2016</p> <p>At next meeting and review September 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The UHB will participate in World Hand Hygiene Day on 5th May 2016, in order to re-invigorate the Hand Hygiene message</p> <p>Detailed discussion of compliance with hand hygiene audits reported by wards and departments through the All Wales Health and Care Monitoring system completed will continue at Executive Nurse performance reviews.</p>	<p>Senior Nurse IP+C</p> <p>Chief Nurse/ executive Nurse Director</p>	<p>5th May 2016</p> <p>In place. Review September 2016.</p>
Page 23	<p>The health board is required to provide HIW with details of the action taken/to be taken in order to ensure that patients' food and fluid intake is monitored and recorded in an effective way across in all clinical areas. (Health and Care Standard 2.5)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>The Directorate will ensure that all food and fluid charts are current, without delay and will introduce a system of regular audit to ensure that this is maintained</p> <p>Supervisory</p> <p>Reports on audits and internal inspections will be scrutinised at every Quality and Safety group as required and actions taken to address the findings</p> <p>Clinical Board</p>	<p>Senior nurse</p> <p>Lead nurse/QSE lead</p>	<p>Immediate effect</p> <p>Review end September 2016</p> <p>Immediate effect</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		The audit reports will be reviewed at the MHCB Quality and Safety fora and through the Additional Governance Support process.	Director of Nursing	June 2016
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>Ward Sister's and staff will be reminded of the need to ensure documentation pertaining to food and fluid is completed fully. This will be discussed at safety briefings.</p> <p>Practice Educators will support ward staff that require education pertaining to food and fluid risk assessment and management.</p> <p>Supervisory Medicine</p> <p>Senior Nurses will ensure the safety briefing cascades have occurred and audit the risk assessments. The initial audit will determine the frequency of audits which will be no less than 3 monthly.</p> <p>Senior Nurses will link with ward based Dieticians to consider their audit findings and develop plans for improvement as required.</p> <p>Clinical Board</p>	<p>Director of Nursing MCB</p> <p>Practice Educators</p> <p>Senior Nurses</p> <p>Senior Nurses</p>	<p>April 2016</p> <p>May 2016</p> <p>May 2016</p> <p>June 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The audit activity will be reported at MCB Nursing Board on a three monthly basis and discussed with the Lead Nurses as part of their performance meetings with the Director of Nursing.</p> <p>Reports on audits and internal inspections will be scrutinised at every Quality and Safety group as required and actions taken to address the findings</p>	<p>Director of Nursing MCB</p> <p>Lead nurse/QSE lead</p>	<p>June 2016</p> <p>With immediate effect</p>
		<p>UHB Corporate Level Actions Detailed discussion of compliance with assessing and recording nutrition assessments reported by wards and departments through the All Wales Health and Care Monitoring system completed will continue at performance reviews.</p> <p>Training to be put in place for ward based Nutrition Champions (This will reinforce the role of the Registered Nurse in directing meal and beverage rounds to ensure that patients receive an appropriate meal and are provided with support as required)</p> <p>As above unannounced spot check of documentation will continue to be an integral part</p>	<p>Chief Nurse/ executive Nurse Director</p> <p>Clinical Standards And Innovation Group (Deputy Chief Nurse)</p> <p>Senior Nurse Standards and</p>	<p>In place. Review September 2016</p> <p>May 2016</p> <p>In place. Review Sept 2016.</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>of ward inspections.</p> <p>Reports on compliance with undertaking All Wales e- learning module for nutrition and hydration will continue to be presented and monitored through the Nutrition and Catering Strategy Group.</p>	<p>Professional Regulation</p> <p>Executive director of Therapies and Health Sciences</p>	<p>In place. Review September 2016.</p>
N/A.	<p>There was inconsistent application of the agreed local policy for ensuring the correct identification of patients during times of medication administration across the three mental health wards visited (East 10, 14 and 18). This has the potential to lead to medication administration errors</p> <p>We found numerous gaps within medication administration records where there should have been signatures to confirm that prescribed medication had been administered. We were not provided with a satisfactory verbal explanation for this. Neither were we able to find any written</p>	<p>These findings resulted in HIW issuing an immediate assurance letter. The Health Board has since provided us with a response.</p>		

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	<p>reason for such omissions. This applied to East 10, 14 and 18</p> <p>We saw that doctors had prescribed some medication without providing specific dosage and times for staff to follow (for example, they were writing maximum doses, but not specifying the timescale to be applied) -East 18</p> <p>We found that the storage of medicines was not secure in each of the clinical areas inspected. Medication rooms were not locked and prescribed medication was present on work surfaces. This meant that there was the potential for unauthorised persons to gain access to those areas/items</p> <p>We saw that drug fridges were unlocked and there were no arrangements in place to record daily temperatures. These matters may compromise the safety and integrity of the drugs stored</p> <p>The controlled drugs check list in place within East 4 was not presented in chronological order. It was therefore not possible to be sure</p>			

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	<p>that necessary checks were being completed in accordance with health board policy</p> <p>We found that oxygen had not been prescribed on the medication administration record with regard to one patient in receipt of oxygen therapy within East 4. We were informed by senior hospital staff that this was not in accordance with health board policy. We were informed that this matter had been rectified during our visit.</p> <p>(Health and Care Standard 2.6)</p>			
Page 24	<p>The health board is required to provide HIW with a description of the action taken/to be taken in order to provide assurance that all staff record patients' use of food supplements as prescribed.</p> <p>(Health and Care Standard 2.6)</p>	<p>The UHB has responded to this as a matter of factual accuracy</p> <p>The 'prescription' of food supplements on the All Wales Medicines Chart has been the subject of regular discussion at an All Wales level. Their inclusion on the medicines chart was a step made to improve their use and facilitate their provision at discharge. During the Welsh Government Medicines Administration, Recording, Review, Storage and Disposal (MARRS) groups work responding to issues raised in the Trusted to Care report, it was noted that patients take a long time to consume a food supplement often</p>		

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		<p>exceeding 30 minutes. It is therefore not feasible for the registered nurse to either spend this time observing one patient themselves or to delegate the observation to another member of staff. The current position is that food supplements will continue to be 'prescribed' on the all Wales Medicines Chart, the professional administering the supplement will sign the drug chart at the point of giving the supplement to the patient, this signature will demonstrate delivery of the supplement not ingestion of the contents. Ingestion of the contents will be recorded on the patients appropriate fluid balance/hydration chart when fully or partially ingested.</p> <p>The UHB will take steps to ensure that this is understood by all registered nurses</p>	Nurse advisor Medicines Management	End June 2016
N/A	Close scrutiny of a sample of records within Ward East 4 revealed that two specific intentional rounding charts had been completed retrospectively. Of the two charts, the HIW inspection team was able to confirm that one retrospective entry in particular reflected an element of patient care that could not have been delivered as recorded. This	These findings resulted in HIW issuing an immediate assurance letter. The Health Board has since provided us with a response.		

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	<p>was because a member of the inspection team was observing the patient concerned for a sustained period of more than 45 minutes in relation to that entry. This matter was brought to the attention of senior staff on discovery, and prompt action taken by the health board.</p> <p>(Health and Care Standard 3.5)</p>			
N/A	<p>We directly observed and overheard a patient requesting assistance from a HCSW to be re-positioned within East 4. The patient also requested pain relief. Appropriate action was not taken in respect of either of the above. We also directly observed the failure on the part of a student nurse and a second HCSW to respond to the patient in question, who required pressure area care (which was not hospital associated). HIW was informed of the prompt action taken by the health board in respect of the members of staff concerned with this matter.</p> <p>(Health and Care Standard 4.1)</p>	<p>These findings resulted in HIW issuing an immediate assurance letter. The Health Board has since provided us with a response.</p>		
	Quality of Management and Leadership			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>We found there was insufficient staff working within East 18 on the night of the 9 February 2016. This was because one RMN and four Health Care Support Workers were providing care and support to 17 patients. Of that number, three patients required 1:1 observation and a number of others required assistance from two members of staff at any one time. This situation clearly compromised the ability of the staff, in their attempts to provide safe and effective care.</p> <p>Discussions with a RMN within East 18 highlighted that they had worked for 14 hours on the 9 February 2016 in order to be able to handover necessary patient information to an agency nurse who had not previously worked in this area. We were also made aware that there had been deficits regarding the availability of registered nurses in this area for some considerable time.</p> <p>Conversations with staff present on East 1 revealed that there had been many occasions in recent months when there had been an</p>	<p>These findings resulted in HIW issuing an immediate assurance letter.</p>		

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	<p>insufficient number of registered nurses working in the area at night. This has impacted negatively on the ability of the team to provide safe and effective care to patients in their immediate care as well as those, who were in receipt of 'telemetry monitoring' in other areas of the hospital. The health board is required to provide HIW with a full description of the action taken/to be taken with regard to the above findings. This should include reference to operational management as well as the health board's governance arrangements. This is because of the need to ensure that staff levels/skills are appropriate to the changing/diverse needs of patients at all times.</p> <p>(Health and Care Standard 7.1)</p>			
Page 29	<p>The health board is required to provide HIW with details of the action taken/to be taken to ensure that patients receiving care and treatment within the mental health wards, are also able to access prompt care and support from the general medical team.</p>	<p>Corporate level</p> <p>The UHB should formally respond to HIW and clarify the actions being taken to address this matter</p>	<p>Chief Executive Officer</p>	<p>Completed.</p> <p>The UHB responded to HIW on this matter on 11-04-16</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 30	<p>The health board is required to describe the action taken to ensure that staff receive an annual appraisal of their work. This is to ensure that they have the necessary skills to provide safe and effective care to patients. (Health and Care Standard 7.1)</p>	<p>Mental Health (Wards 10, 14 and 18)</p> <p>Operational</p> <p>The Clinical Board is implementing plans to offer additional supervisory time to ward sisters / charge nurses to ensure that all staff receive an annual appraisal.</p> <p>The senior nurse will work with the ward sisters to develop an annual plan for each ward</p> <p>Clinical Board</p> <p>Monitor across the Clinical Board the compliance to PADR activity. Ensuring the development needs of staff are met. Ensure provision of training and education for staff who undertake PADR processes.</p>	<p>Senior Nurse</p> <p>Senior Nurse</p> <p>Head of Workforce and OD</p>	<p>June 2016</p> <p>June 2016</p> <p>June 2016</p>
		<p>Medicine (Wards East 1 and 4)</p> <p>Operational Medicine</p> <p>PADRs to be completed on all staff on East 4. Team objectives to be established on Ward East 4.</p> <p>PADR plan completed for 2016-2017. To consider Team PADR approach with Senior Nurse/Lead Nurse this is currently under review due to robust plan for individual PADRS.</p>	<p>Ward Sister</p> <p>Senior Nurse</p>	<p>May 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Supervisory Medicine</p> <p>Senior Nurses to ensure all areas have PADR plans in place and being undertaken. Ensure training opportunities and development plans are met for individual members of staff</p> <p>Clinical Board</p> <p>Monitor across the Clinical Board the compliance to PADR activity. Ensuring the development needs of staff are met. Ensure provision of training and education for staff who undertake PADR processes.</p>	<p>Senior Nurses</p> <p>Head of Workforce and OD</p>	<p>May 2016</p> <p>May 2016</p>
		<p>UHB Corporate Level Actions</p> <p>KPIs in relation to PADR will be more effectively embedded in to Clinical Board performance review KPIS</p> <p>Ensure that Pay progression and Appraisal processes have been aligned and reiterate the need for all staff to have a clear understanding of their expected role and function and have the opportunity to receive feedback about their performance in order that they may develop to their maximum potential</p>	<p>Assistant Director Workforce and OD</p> <p>Assistant Director Workforce and OD</p>	<p>End April 2016</p> <p>Complete and embedded as part of routine practice</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>High level monthly reports on PADR compliance are to be made available to relevant executive Directors</p> <p>Roll out team PADR approach following evaluation of recent pilot</p>	<p>Learning education and Development department</p> <p>Assistant Director Workforce and OD</p>	<p>Complete and embedded as part of routine practice</p> <p>Review Sept 2016</p>
N/A	<p>HIW requires assurance from the health board on the action that it will take to identify any management, leadership or governance weaknesses that have:</p> <ul style="list-style-type: none"> Contributed to the occurrence of issues found in our inspection <p>Led to the issues not being detected and then resolved by the health board.</p> <p>(Governance, leadership and accountability- Health and Care Standards)</p>	<p>These issues were included in the HIW immediate assurance letter as a result of the nature and number of service issues that required improvement at this inspection.</p>		

Health Board Representative:

Name (print):

Title:

Date: