Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

NHS Hospital Inspections

Annual Report 2015 - 2016

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

Our purpose

To provide the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services, making recommendations to healthcare organisations to promote improvements.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Openness and honesty: in the way we report and in all our dealings with stakeholders**
- **Collaboration: building effective partnerships internally and externally**
- **Professionalism: maintaining high standards of delivery and constantly seeking to improve**
- **Proportionality: ensuring efficiency, effectiveness and proportionality in our approach.**

Our outcomes

Through our work we aim to:

Provide assurance:	**Provide independent assurance on the quality, safety, and effectiveness of healthcare by reporting openly and clearly on our inspections and investigations.**
Promote improvement:	**Encourage and support improvements in care through reporting and sharing good practice and areas where action is required.**
Strengthen the voice of patients:	**Place patient experience at the heart of our inspection and investigation processes.**
Influence policy and standards:	**Use our experience of service delivery to influence policy, standards and practice.**

1. Foreword

The purpose of this report is to summarise our findings from the hospital inspections we carried out during 2015-16 and to highlight the areas for improvement we have identified across services. As a result of the themes identified from our inspections, we have made overarching recommendations for services in this area (Appendix A).

HIW is responsible for the inspection of NHS hospitals in Wales. Healthcare services themselves hold the primary responsibility for ensuring patients receive safe and effective treatment. Our inspections measure NHS hospitals (and the departments within them) against the Health and Care Standards 2015 which is the quality framework against which NHS service provision should be delivered. We report on areas of good practice and areas for improvement that we have found.

We hope that NHS hospitals and the Health Boards managing those services will carefully consider the contents of this annual report and our overarching recommendations and use this to make improvements to their services.

2. Executive summary

HIW is responsible for inspecting NHS hospitals to assess how well the services they provide to the people of Wales meet the Health and Care Standards 2015. The Standards are at the core of HIW's approach, informing the judgements we make about the quality, safety and effectiveness of services provided to patients. This report provides an overview of the key themes we identified from the hospital inspections we undertook during 2015/16.

HIW completed eight unannounced NHS hospital inspections and one follow-up inspection across six health boards in Wales. During those inspections we visited a total of 44 NHS wards across a diverse range of departments.

During those inspections we also took the opportunity to seek additional assurance on the progress made by health boards in relation to the recommendations we made following our programme of hospital inspections during 2014/2015. Whilst we visited different clinical areas this year, we took account of the previous year's recommendations. This was to determine whether areas of service identified for improvement were confined to clinical areas previously inspected, or were evident elsewhere within each respective health board. Overall, we found that health boards and their staff placed an emphasis on providing safe and effective care to patients. However, we did find some variability regarding service delivery within, and across, health boards. Further detail about this can be found later in the report. We also identified some good practice and spoke with many committed, hard working and caring staff in the majority of areas visited.

We identified that health boards had made further progress in addressing recommendations following our previous inspections. However, some further work was still required by most health boards, and we again identified that medicines management, record keeping and the application of infection prevention and control procedures were areas of weakness. Despite this, it was evident that for the most part, health boards use our inspections to improve the quality and safety of their services by ensuring that the recommendations made by HIW are actioned. What needs to improve is their mechanisms for ensuring that our findings are not replicated elsewhere within their services.

What NHS hospital departments did well:

We saw some good service provision, with well run and well ordered wards with clear leadership and direction which meant that patients were able to receive effectively and timely care. In particular:

- The majority of patients were positive about their experiences of services received and were particularly positive about staff attitude and support
- We found some evidence of strong multidisciplinary team working which had a beneficial effect on patient care and treatment outcomes

- We found that nursing staff were good at using correct infection prevention and control (IPC) procedures to protect patients from cross infection. We also found, within the areas we inspected, well established arrangements were in place to check compliance with good hand hygiene practice
- In general, staff had attended mandatory training courses. This meant that they were supported to acquire a range of skills to assist them in providing care to patients on a day to day basis.

What NHS departments could improve:

The standard of medicines management (ranging from prescribing errors, storage issues and administration procedures) was the most frequently identified concern during our inspections this year. Of concern is that we also identified this as an area for improvement in most health boards during 2014-15. Patients depend on receiving the right medicines, at the right dose, at the right time and where this does not happen it can have a negative impact on their health and comfort.

The quality of recording within patient care records was another frequently identified concern. This meant that ward teams did not always have access to sufficient detail about patients' needs, wishes and preferences. Of concern is that we also identified this as an area for improvement in most health boards during 2014-15. When patient records are not clear, temporary staff and other staff who may be unfamiliar with the patients and the clinical area cannot use them as a reliable means to direct the care that needs to be given. The evaluation of treatments also cannot happen effectively which means that patient care is not as individually tailored as it could be.

Not all members of the multidisciplinary ward teams (for example doctors and visiting therapy staff) were vigilant at following correct infection prevention and control procedures. This increases the risk of cross infection and contamination between patients and ward areas.

Access for staff in wards, departments and community teams to core Health Board policies was not always adequate. Often staff were not able, or did not know, how to access some of the core health board policies and procedures which should have been guiding their work. Sometimes this was because they were not familiar with how to access the IT system available to them but generally, it was because the IT systems were difficult for them to quickly navigate their way around.

We found that medicines management policies were frequently unavailable and where they were, staff were not always clear about whether they were accessing the latest version.

We highlighted issues with staffing levels or appropriateness of skill mix in six of the inspections undertaken in 2015/16. Where we found these issues and/or weaknesses in leadership, we observed a negative impact on the application of the health and care *standards*. We saw that this impacted on how well families and patients felt they were being kept informed of their care and likely discharge date. We also saw that this had a negative impact on the support that patients received with eating and drinking.

3. What we did

HIW has a variety of approaches to inspecting NHS hospitals, and will use 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 the governance, communication channels and the effectiveness of the wider organisation. In 2015/16, as a result of visiting a larger number of service areas in each inspection, where present, we were able to identify themes and service delivery issues in relation to each health board.

In addition, we inspected wards at different times of the day and night. This enabled us to consider whether staffing levels were sufficient to meet patients' needs for the whole 24 hours that services are provided.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes collectively 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

During 2015-16, the following health boards and hospitals were visited:

Health Board	Hospital	Ward
Cwm Taf University Health Board *(Combined inspection of the two hospitals)*	Prince Charles Hospital Royal Glamorgan Hospital	Wards 21,31, 32 and Special Care Baby Unit Wards 9, 10, 17, 18, Neonatal Unit, Paediatric Outpatient Department
Hywel Dda University Health Board *(Combined inspection of the three hospitals)*	Withybush Hospital Glangwili Hospital Bronglais Hospital	A&E, Adult Clinical Decision Unit A&E, Clinical Decision Unit, Surgical Assessment Unit A&E, Clinical Assessment Unit, Medical Day Unit
Abertawe Bro Morgannwg University Health Board *(Combined inspection of the two hospitals)*	Morriston Hospital Singleton Hospital	Ward M, Oakwood Ward, Paediatric Assessment Unit Neonatal Unit Ward 19
Cardiff and Vale University Health Board *(Three separate inspections)*	St David's Hospital Noah's Ark Children's Hospital University Hospital Llandough	Elizabeth Ward Island Ward, Pelican Zone, Owl Ward, Paediatric Critical Care Unit East 1 and East 4 (Medicine) and East 10, East 14 and East 18 (Mental Health Services for Older People
Aneurin Bevan University Health Board *(Combined inspection of the two hospitals)*	Royal Gwent Hospital St Woolos Hospital	C7 East, D7 East, C5 West, Emergency Department Orthopaedic Surgical Unit
Betsi Cadwaladr University Health Board *(Combined inspection of the three hospitals)*	Penrhos Stanley Community Hospital Mold Community Hospital Denbigh Community Hospital	Cybi Ward, Fali Ward Delyn Ward, Clwyd Ward Llewni Ward, Famau Ward

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.

HIW hospital inspections are led by a HIW inspection manager who takes the lead in co-ordinating the inspection, and writing the inspection report. The inspection manager is supported by one or more specialist advisors (peer reviewers)[1] who are clinical professionals with expertise in the area of the health services to be inspected. Other HIW inspection managers may also be involved, depending on the number of clinical areas to be visited. In addition, we have been fortunate to be accompanied at each visit by one or two lay reviewers or members of the local community health council (CHC).

At each of our inspections 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.

1 We use peer reviewer's knowledge and skills to ensure our work is based on current practice and experience, so that good practice can be highlighted, or areas of concerns can be addressed. This is to ensure that patients experience good quality and safe care.

At every visit, the HIW team has provided feedback to health boards on the findings of our inspections in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections capture a snapshot of the standards of care patients receive. They may also, however, 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.

Where inspections point to wider issues about the quality and safety of services provided, HIW takes note of this and other intelligence when considering its risk based approach to inspection and escalation. We also share any wider concerns we have with other relevant stakeholders who have a role in the quality and safety of services provided by healthcare organisations, including the Welsh Government, Community Health Councils and the Wales Audit Office. In instances where we identify that a particular aspect of service has an actual, or potential risk to the safety of patients or staff, HIW issues the health board with an immediate assurance letter. In this we outline the specific areas of service that require immediate improvement, referencing the relevant Health and Care Standard(s).

Health boards have seven days to respond to an immediate assurance letter telling us what they are going to do, or have already done to address the issues of concern. HIW consider this response and if we are satisfied, no further action is taken at this point. If we are not assured by the actions we make further contact with the Health Board until we have received satisfactory assurance that they have robustly and appropriately addressed the issues.
On the occasions when the evidence received is insufficient to provide assurance that issues are being or have been addressed, HIW makes further contact with the health board and continues to maintain contact until we receive sufficient assurance that issues are being appropriately addressed.

4. What we found

Quality of the patient experience

The patients' perspective is at the centre of our approach to inspection and patient views were actively sought and captured during every inspection visit. We did this by either speaking to people, or asking them to complete a questionnaire. During 2015/16 183 questionnaires were completed and returned to HIW, providing us with invaluable insights in to the experiences of patients and/or their families/friends/representatives who were either using or supporting someone to use the services we inspected.

The inspection teams made their own observations about the cleanliness and presentation of clinical areas, the food that was being served and whether there were enough staff present to help patients to eat and drink. We further observed the approach taken by staff when responding to patients' requests for assistance and considered the opportunities offered to patients regarding appropriate levels of social activity and maintaining contact with friends and relatives.

Overall, our findings in relation to the quality of patients' experiences across the health boards we visited were positive. The majority of patients were very complimentary about the staff caring for them at each of our inspections.

Despite this, we did highlight the need for a number of improvements in relation to patients' experiences. Specifically, we recommended that three health boards strengthened their arrangements for seeking and acting upon patient feedback (both positive and negative). Two health boards were also required to address specific issues relating to staff attitudes due to the negative impact it had on patient care and support.

Overall, patients told us that they were happy with the care that was being provided to them and many complimented the staff that were looking after them. Here are some examples of comments we received:

"Staff as "good as gold" and I've been happy with treatment."
48 year old patient.

"Staff really friendly and helpful. The staff could not have been nicer."
Parent of child attending for treatment.

"I had an outpatient appointment and had excellent service, welsh speaking nurse explained everything."
81 year old patient.

We saw many instances where NHS staff were kind, compassionate and patient with those in their care.

We inspected arrangements for serving patients with meals and providing assistance with eating and drinking in accordance with individuals' abilities. In general, we found that ward routines had been organised to enable sufficient staff to be available at mealtimes to support those who needed to eat and drink. Where we found this was not the case we raised this with senior managers and asked that they resolve the issue. In all inspections we saw food that looked appetising and portion sizes that were appropriate. Conversations with staff indicated that ward areas had access to appropriate snacks for patients when hospital kitchens were closed for the day.

In general, clinical areas appeared clean and hygienic and domestic staff were highly visible during our visits.

We found that two health boards, Abertawe Bro Morgannwg University Health Board and Cwm Taf University Health Board, had good and particularly well established means of seeking patient feedback. We were also able to verify that they were using this feedback to make improvements to the provision of care to patients.

We also found that some health boards could do more to improve the opportunities they provide for patients to offer their views about the services they are in receipt of. Both positive and negative feedback should be encouraged as it provides health boards with the opportunity to understand what is working well and what is not. Services should be shaped by the needs of the people they serve.

Despite the overwhelmingly positive comments received from patients about their care, we did find some instances where staff attitudes toward patients were a cause for concern. People have the right to expect and receive care in a manner which is respectful, dignified, compassionate and kind.

Such instances were brought to the immediate attention of the health boards concerned during our inspections with action taken in response to our findings in all cases. Some of our findings constituted adult potential adult safeguarding issues which we referred immediately for health board consideration under their adult safeguarding (previously called adult protection) procedures. We also highlighted the need for health boards to ensure that they consistently promote a positive culture and behaviour amongst their staff teams; tackling issues in a prompt and efficient manner.

Other issues identified for improvement

A number of clinical areas inspected were not using pain assessment tools. This meant that we could not confirm whether patients were receiving appropriate pain relief, or whether there was a need for pain relief at all. People should be cared for in a manner which helps them to be as comfortable and pain free as possible. Effective assessment of an individual's pain levels is paramount to this.

We discovered that the provision of patient social activities was variable; very little provided in some instances. This resulted in patients telling us that they were bored. People receiving care should be supported to engage and participate so that they can feel valued in society which can contribute positively to overall health and wellbeing.

We saw some instances whereby staff did not use privacy signs at such times when patients were receiving care behind curtains at the bedside, or within bathing and toilet facilities. This impacted negatively on patients' privacy and dignity, as others were not alerted to the fact that they should not enter the area at that time

Given the need for stringent cross infection practice within clinical areas, we identified the need for health boards need to ensure regular arrangements for cleaning toys within children's wards and departments where children are seen and treated. This is to control and minimise the risk of infections being transferred between patients.

Delivery of safe and effective care

During April 2015, the new Health and Care Standards were published. These standards supersede all previous standards and aim to support health care services to provide effective, timely and quality services and drive improvement across the NHS in Wales.

The new Standards are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together and 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.

In this report our findings are presented under each of the seven themes from the Health and Care Standards. This is the framework against which we assess services and is how we organise our judgements.

Staying healthy

Health Promotion, Protection and Improvement

In general, we found that staff were well aware of their responsibilities for ensuring security within wards where children and young people were being cared for. We found particularly good evidence of this at Abertawe Bro Morgannwg University Health Board, where all levels of staff were very vigilant about whom they allowed into clinical areas. We also consistently saw staff politely asking visitors for their name and professionally redirecting and refusing entry where appropriate.

We frequently found that ward and clinical areas were cluttered, with insufficient storage space. This gave rise to concerns about the health and safety of patients and staff. More specifically, such situations created difficulties for domestic staff to fulfil their duties to the best of their ability. We also saw portering staff having to negotiate and move clinical equipment which was being stored in corridors, so that they could empty clinical waste bins.

We also found that health boards often faced financial challenges in their attempts to ensure that hospital maintenance and building work was completed. In some instances, this meant that patients had no alternative other than to use bathing areas that were of a poor standard (leaking showers and sinks). In one ward area a patient's toilet had been re-allocated for staff use, as the staff facility had been faulty for many months. This reduced the number of toilets available to patients in that area.

Safe care

Infection Prevention and Control (IPC) and Decontamination

We found that health boards were good at monitoring their own levels of hand hygiene compliance. For example, in Hywel Dda University Health Board, we found that the wards we inspected checked their standards of hand hygiene, through regular audits. The results of the audits were shared with ward staff and achieving high standards of compliance was a high priority for ward managers and IPC lead staff. This meant that patients can be confident that nursing staff looking after them were keen to maintain a high standard of care as a means of minimising and preventing the spread of infections.

Whilst conversations with ward nursing staff revealed they were aware of the principles of good infection prevention and control (which included the appropriate use of personal protective equipment (PPE)), we found that the actual use of PPE in practice was variable. We saw occasions when staff were not changing their gloves or aprons when they should and other occasions where staff only wore gloves when they should have been wearing both gloves and aprons. On occasion we saw staff entering and leaving rooms where patients were being treated for an infectious illness without following correct procedures to protect themselves and/or the patient concerned. This unacceptable approach to PPE may have increased the likelihood of infections spreading amongst patients. In such instances members of the HIW inspection team discussed this with the ward manager/person in charge at the point of discovery, in recognition of the importance of adherence to strict IPC procedures at all times.

We also found shared toiletries available in patient bathrooms in two clinical areas inspected. This practice increases the likelihood of transfer of infection between patients and falls below the standards and principles of good IPC.

Individual care

Planning Care to Promote Independence

We saw many good examples whereby staff from different healthcare professions worked together to create better patient outcomes. For example, in Aneurin Bevan University Health Board, we found that patients within orthopaedic wards were being cared for by teams which included nurses, occupational therapy staff, physiotherapists, dieticians and medical staff. These health professionals were working together to rehabilitate patients following surgery, enabling them to recover as far as possible. This was with a view to maintaining their independence and supporting them to lead as full a life as possible. Patient records we examined clearly reflected the input from these various professionals, and demonstrated that the team was working well together.

At the start of each working period (in hospital wards), important information from members of the previous 'shift' is transferred to the incoming staff members. This is known as the 'handover'. All nursing staff commencing work are therefore present. We were able to confirm that such time in the working day was being used very effectively. For example at Cardiff and Vale University Health Board, the handover period was organised so that patient healthcare updates were shared. In addition, staff were provided with a safety briefing which contained information such as medication alerts and other important clinical updates. This meant that staff were appropriately updated regarding individual patient care and wider issues in accordance with the health board's intention to ensure timely communication with front line staff.

During our 2015/16 inspections we visited a number of paediatric wards and found that staff were knowledgeable about the particular needs of the children they provided care for. We also saw examples of child friendly environments and friendly engagement between children and caring staff. For example, within Cwm Taf University Health Board we saw that the inpatient paediatric ward contained an excellent play room. This was staffed by individuals who were evidently committed and enthusiastic about improving the quality of experience for children staying in the unit, which can help with their recovery. The room itself was well organised, there were age appropriate planned activities taking place and all toys and equipment were visibly clean and in good condition.

We found many examples where staff carefully planned patient care to be as individually tailored as possible. Community hospital staff at Betsi Cadwaladr University Health Board made every effort to provide appropriate support to patients with dementia through the use of documentation (a tool called 'This is Me'). This enabled patients, their families and carers to tell staff about their individual needs and preferences in terms of receiving care.

Medicines management

With the exception of the areas we visited within Abertawe Bro Morgannwg University Health Board, where we found good standards of medicines management, the standard of medicines management within the wards inspected at other health boards was poor. Examples of issues we identified included:

Prescribing errors

- the strength and frequency of dose were missing from medication in some areas visited
- we saw oxygen being administered when it had not been prescribed

Storage errors

- we found medication rooms frequently left unlocked which meant they were open to unauthorised access
- we found medication left unattended
- we found that a medication fridge had a potential fault which had not been recognised or reported. Temperatures of other fridges were not being monitored
- medication in an emergency kit had not been checked and some was out of date and needed to be discarded and replaced. No staff had taken responsibility for regular checking of the emergency medication

Administration errors

- we found gaps in medication administration charts which were not explained with the appropriate code to show why the medication in question had not been given to the patients concerned
- we found that some patients were without identification wristbands which is a vital component in correctly identifying a patient. Despite this, staff were still administering patients with medication

Controlled drug management

- we found that in some areas staff were not undertaking stock checks of controlled drugs at the frequency determined by each health boards' own medication policy
- we found some instances where the cupboards used to store controlled drugs were not adequate for their safe storage and did not meet the relevant legislative requirements.

The above issues placed patients at unnecessary risk and contravened current professional guidelines for medication administration as well as health boards' own medicines management policies. Such matters were discussed with respective health boards at the point of discovery. Where our concerns about poor medicines management represented an immediate risk to patient safety, we issued immediate assurance letters requiring the health boards to take remedial actions and provide us with evidence of this within seven days. We did this on six occasions due to serious medicines management concerns.

Effective care

Record keeping

Issues of poor record keeping have been brought to the attention of health boards for the past two years. We again found evidence of poor record keeping at each of our 2015/16 inspections. The lack of significant progress in this area remains a concern. More specifically, whilst we found day to day care entries within patient records were generally acceptable, care plans and risk assessments frequently lacked detail and did not reflect the care that was being given. Additionally, in many cases, some records were found to be completely blank. Accurate and detailed care records are extremely important as they help staff teams to ensure continuity of individual and effective patient care. Unfortunately, many of the records we saw would not have directed or prompted unfamiliar staff (such as agency or bank staff) to provide care in accordance with individual patients' needs, wishes and preferences.

Whilst we are aware of attempts to tackle this issue through staff training and/or reducing the complexity of nurse documentation, in some instances health boards remain unable to obtain a clear view as to how patient care is planned, monitored and delivered. Given health boards' reliance on the completion of patients' records in the delivery of effective care, further work is required to avoid the potential and actual negative impact on care that patients are receiving. As a result of this, HIW has strengthened its record keeping recommendations for improvement within inspection reports. We are also continuing to monitor progress being made, through our attendance at relevant health board meetings.

Information Governance and Communications Technology

We were able to confirm that most policies and procedures in place (to direct and govern care delivery) were reviewed and updated frequently by health boards to ensure they reflected the latest and best practice.

Health boards made these available to staff via the hospital intranet although we did discover that a small number of wards were also keeping paper copies of the documents for ease of reading. We found that some staff in some areas could not locate their health board's medicines management policy on their electronic system and they had no paper copy to refer to. This meant that they were unable to refer to the latest guidance and were not familiar with the contents of the policy which they should be adhering to in their work. This is an issue that health boards must seek to address, so that staff have ready access to policies and procedures to support them in their day to day work.

Dignified care

Patient information

We found that the level of understanding amongst staff of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards 2009 (DOLS) was variable, and in some cases weak. This legislation is meant to be used in the care of patients in instances where their mental capacity, and ability to make decisions about how and where to receive on-going care, is variable and could therefore place them at risk.

Exploration of a sample of staff records at each inspection indicated that some nursing staff had received training on the above topic. However, there were many staff who had not. The lack of staff knowledge uncovered at our inspections had also led to incorrect application of the legislation in some cases. We therefore intervened to ensure that those matters were rectified for the patients concerned.

Quality of management and leadership

The provision of good quality care which is safe and reliable is dependant on there being effective governance systems, strong effective leadership and clear accountability which is observed by all. The new Health and Care Standards clearly identify what is expected of organisations in this respect and also set out a range of criteria for achieving this, including the need for health services to foster a culture of learning and self-awareness. HIW recognises that health boards are large, complex organisations and acknowledges the challenges that size and complexity can pose in terms of the sustainable delivery of safe, effective, person centred care. Effective governance, leadership and accountability are, however, essential in this respect.

HIW also undertake follow up work which is guided but not limited by our findings at each individual inspection. Where we consider that health boards are not acting robustly enough, or where the scale and concern about the issues we find is high level, we may revisit a service, or maintain close contact with a health board. In addition to these instances, we seek to ensure that all health boards continue to proactively progress improvements and share the learning from inspections across all their services. In 2015/16, we asked all health boards

to reflect on the work they had done since our inspections in 2014/15 and to write to us providing evidence of their progress and actions. During this exercise, we corresponded with all health boards on more than one occasion before we were sufficiently assured that the continued efforts and work being done was appropriate and robust enough to foster real improvements.

We found that all health boards had clear organisational structures in place. Discussions held with senior managers during each of our inspections revealed that they were highly motivated and committed to providing a good service. In addition, all were keen to work with us to share relevant hospital information and address the issues we identified for improvement.

We did hear from ward staff that they did not always understand senior management structures. So whilst they appeared clear to us, this was not the case for staff working within health boards. It is important that staff are given the opportunity to understand the wider organisation they are a part of so that they can contribute as effectively as possible to delivering their part of the overall objectives. We encountered many effective ward managers who made considerable effort to support their staff to deliver high standards of care. Some ward managers however, faced significant challenges on a day to day basis in order to provide safe and effective care to patients with long term, complex care needs. This was against a backdrop of shortages in permanent staff and the regular use of agency and bank nursing staff to fill staff vacancies; Six of the nine hospital inspections conducted by HIW in 2015/16 refer to issues with staffing levels or skill mix. Our inspection reports also highlighted the challenges faced by ward teams when providing care and support to patients in some outdated environments and those which were seen to have complicated physical layouts.

Some ward managers who spoke with us were experienced and had been doing their jobs for many years, whilst others were new. Generally, we found that all were receiving the appropriate level of support from their respective senior managers according to their ability and confidence

We did however, find weak ward leadership in a minority of areas. The impact of this on the teams was highly evident. These teams were less confident and the care being delivered was often chaotic, disorganised and of a lower standard generally.

We acknowledge the challenge that this gives to senior managers as they continue to support all areas whilst giving additional support to failing teams, however the examples we found suggested that the input being given was not sufficient to address the weak leadership and the issues arising from this.

We again, raised this with the respective health boards and requested that they address the issues urgently. HIW will continue to monitor how well they respond to the challenge they face.

Staff and resources

Workforce

Generally, health boards ensured that staff were up to date with their mandatory training. We also found that the support most health boards provided to the ongoing learning and development of their staff went beyond the provision of mandatory training. This demonstrated the commitment of health boards to develop high calibre, highly trained individuals, capable of providing a high standard of patient care. We found particular evidence of this at Abertawe Bro Morgannwg University Health Board. The neonatal unit had forged strong links with the local university and nursing staff were encouraged to undertake additional training to enhance their clinical skills and knowledge. Amongst this relatively small staff team, we saw that there were a number of nurses who had gained advanced clinical skills as a result of the health board investment in staff training.

5. Conclusions

Without exception, health boards have engaged well with our inspection and follow up processes. Where the improvement plans they submitted were not adequate, they were prepared to work with us and take more time to develop actions which did adequately address the issues we had found.

After completing our inspections, we followed up with respective health boards any action taken to improve services for patients. This was in order to check on progress and ensure that necessary action was taken. As a result, we continued to see health boards make progress in raising quality of care and standards of safety in our hospitals.

In some instances, we found that areas we identified for improvement within a service area were replicated elsewhere in the same health board. In such cases, HIW has worked with key members of the health board to ensure that lessons are learnt and poor patterns of practice are not repeated.

HIW will be undertaking further follow-up activity on those recommendations that we have made over the last two years. This is to ensure that health boards are being vigilant in addressing these matters and taking all necessary action to ensure that patients are receiving safe, effective, person centred care.

It is disappointing to note that in 2015/16 HIW have again reported a lack of progress and continued problems in certain areas of service provision – particularly in medicines management, record keeping and infection prevention and control where poor standards and a lack of improvement continue to represent a risk to patient safety and experience. It is of concern that health boards have not always shared the learning from previous inspections effectively enough to ensure that issues identified by us at individual wards are not replicated elsewhere within their services.

6. What next

Our plans for next year include a continued programme of NHS hospital inspections. Our programme of work is informed by evidence which comes from a variety of sources, including the public and other bodies such as Community Health Councils and the Wales Audit Office who also have a role in looking at the provision of healthcare services by the NHS in Wales.

Reflecting this intelligence based approach, our work and our programme of inspections is continually reviewed and adjusted as necessary. We are able to respond to and take the opportunity to have a closer look at areas of emerging concern, if we are the most appropriate body to do this.

HIW will continue to promote the voice of the patient, to drive up standards in Wales and report openly on our findings.

Appendix A

Recommendations

As a result of the findings from our hospital inspections in 2015-16, we have made the following overarching recommendations which health boards should consider as part of providing a safe and effective service.

Recommendations	Regulation / Standard
Patient Experience	
All health boards should strengthen their arrangements for seeking and responding to positive and negative feedback, ensuring that the mechanisms enable all patients and other users of their services to engage with this process.	Health and Care Standards 3.2, 4.2 and 6.3
All health boards must ensure that positive cultures and behaviours amongst staff teams are promoted and negative behaviours tackled swiftly and appropriately.	Health and Care Standards 4.1 and 7.1
All health boards should review the provision of and importance given to, social activities for patients ensuring that, in particular, those receiving long term care are better supported to participate and engage in meaningful activity.	Health and Care Standards 1.1, 6.1 and 6.2
All health boards should ensure that ward staff are reminded of the need to protect patient privacy and dignity, supporting them to do this with appropriate additional training and equipment as necessary.	Health and Care Standard 4.1
Delivery of safe and effective care	
All health boards should ensure that patients are receiving the most appropriate pain relief, by ensuring that staff are trained and equipped to appropriately assess and manage pain.	Health and Care Standards 4.1 and 7.1
All health boards should give consideration to ensuring that ward areas have sufficient space for storage and that clinical equipment is stored safely where it can be accessed easily but still kept clean and ready for use.	Health and Care Standards 2.1 and 2.9

Recommendations	Regulation / Standard
All health boards must ensure that all staff from all disciplines involved in patient care observe and apply appropriate infection prevention and control (IPC) procedures at all times.	Health and Care Standard 2.4
All health boards must ensure that there are regular arrangements for cleaning toys in children's wards and other departments where children are seen and treated.	Health and Care Standard 2.4
All health boards must ensure that policies and procedures are made easily available to staff, via the most appropriate means for their work area, ensuring that the most up to date versions are being accessed.	Health and Care Standards 2.1, 3.1, 3.4 and 5.1
All health boards must ensure that improving medication management is a priority area, establishing an action plan to tackle the range of poor practices that we identified.	Health and Care Standards 2.1, 2.6 and 3.1
All health boards must tackle the quality of recording in patient records, ensuring that documentation is fit for purpose and that staff are trained to use and complete the documentation accurately and appropriately according to best practice and professional standards.	Health and Care Standard 3.5
Quality of management and leadership	
All health boards should review staff understanding of the Mental Health Act and Deprivation of Liberty Safeguards, ensuring that their workforce are adequately trained to support patients according to this legislation and providing expert input where this is needed.	Health and Care Standards 2.1, 2.7, 4.2, 6.1 and 7.1
All health boards must ensure that sufficient resources are allocated to support ward areas where there is weak leadership.	Health and Care Standard - Governance, Leadership and Accountability and standard 7.1
All health boards must ensure that senior leadership structures are sufficiently clear with enough visibility to support non management staff effectively.	Health and Care Standard - Governance, Leadership and Accountability and standard 7.1