Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Gwirio bod pobl yng Nghymru yn derbyn gofal da

Checking people in Wales are receiving good care

Annual Report 2016 – 2017

Hospital Inspections

September 2017

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

 WG30959 Digital ISBN 978 1 78859 673 2

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. Foreword

The purpose of this report is to summarise the themes emerging from the hospital inspections we completed during 2016-17. The report therefore provides information about good practice identified and aspects of healthcare services that required improvement; highlighting those issues in particular, which related to a number of local health boards. Appendix A at the end of this report provides more detail about those.

Whilst local health boards have primary responsibility for ensuring that patients receive safe and effective healthcare and treatment, HIW is responsible for the inspection of NHS hospitals in Wales. We do this by reviewing multiple NHS services and departments to check whether the Health and Care Standards[1] (2015) are being met.

Our inspections are scheduled regularly throughout the year. Whilst we do not have the legislative power to resolve individual concerns/complaints raised by people across Wales, we do undertake inspection visits in response to multiple concerns about a particular service or those which pose a risk to members of the public. Our inspections are usually completed between one and three days and are unannounced wherever possible. We also take the opportunity to inspect services outside of 'normal' working hours.

During our inspections we ask people about their experiences of the care and support they are receiving, talk to staff, and check that the right organisational systems and processes are in place. This is in order to determine whether the health, safety and welfare needs of patients and staff are being addressed by health boards. All of our inspection reports are published on the HIW website, with the exception of those completed as a part of our pilot programmes.

We continually gather and monitor information about NHS services via our ongoing inspection activity, from the public who make contact with us, healthcare staff, other regulatory bodies and statutory organisations.

[1] Health and Care Standards (2015) have been designed to improve the quality and safety of health care services in Wales.

2. Summary

Almost without exception, we found that patients' and relatives' experience of healthcare during our inspections was positive; people telling us that they were treated with kindness, courtesy and politeness. Patients and relatives who completed a HIW questionnaire also expressed their satisfaction with the cleanliness of ward areas.

Overall, we found that health boards placed a considerable emphasis on the delivery of safe and effective care. For example, all NHS hospital services inspected were able to demonstrate how they worked to ensure that risk management and health and safety were essential components of patient care and as a means of protecting and supporting staff.

All health boards were seen to be striving to encourage patients and their families to offer views on their experiences of healthcare services and we saw evidence to demonstrate that attempts were made to improve aspects of services in relation to this feedback. However, health boards acknowledged that this was an area within which they could improve.

In general, we found that there were comprehensive medicines management arrangements in place at each health board; staff adhering to local policies and professional guidelines as required.

We saw many examples of good nutrition plans of care. Each clinical area inspected also ensured the involvement of dieticians and speech and language therapists in response to patients' changing needs. Our inspections also confirmed that there was an emphasis on providing patients in emergency departments with food and drink, although we did find a small number of instances where some individuals had to wait for up to 50 minutes to receive their meal.

We continue to find that NHS staff understanding of the Mental Capacity Act (MCA) 2005 and use of the Deprivation of Liberty Safeguards (DoLS) is variable. In a number of cases, staff lacked sufficient knowledge about how, or when, they should be applying the requirements of the MCA as a whole, or the DoLS in particular.

Despite the very real challenges facing health boards and acute hospitals, and the complexity of how they delivered services, we generally found management and leadership to be strong at ward and Executive Board level.

Ward/departmental teams demonstrated a good understanding of what needed to be done differently, or better, in terms of care provision. They also showed a clear commitment to learning from mistakes. We did, however, identify a small number of clinical areas across Wales where management and leadership needed to be strengthened, largely as a result of recent and significant changes to staff structures.

Where, during an inspection, HIW identifies an immediate risks to the safety and welfare of patients, these are immediately brought to the attention of senior representatives within services. We also follow these up in writing in accordance with our immediate assurance process. During our 2016-17 inspections, the key themes in relation to the need for immediate improvement were:

- The absence of patient identification wristbands which could have led to medication administration/treatment/investigation error.
- Compliance with the Mental Capacity Act (2005) Legislation. Failure to do this had the potential to undermine patients' human rights.
- Effective and prompt application of the Deprivation of Liberty Safeguards.
- Improvements to aspects of medicines management.
- Monitoring and treatment of patients in non-clinical areas of emergency departments such as corridors. This practice may have an impact on patient safety and dignity.

Due to the nature and number of improvements identified across NHS hospital services, health boards are reminded of the need to ensure that internal governance arrangements are sufficiently robust. This is, in support of the provision of high quality, safe and reliable care.

3. What we did

HIW is responsible for monitoring the provision of safe and effective care within the NHS in accordance with the Health and Care Standards (2015).

During 2016-17 we did this, in part, through the completion of a programme of NHS hospital inspections as follows:

NHS Hospital inspections

- 2 within Abertawe Bro Morgannwg University Health Board, one of which involved two hospital sites.
- 2 within Aneurin Bevan University Health Board.
- 3 within Betsi Cadwaladr University Health Board.
- 3 within Cardiff and Vale University Health Board, one of which involved two hospital sites.
- 2 within Cwm Taf University Health Board, one of which involved two hospital sites.
- 3 within Hywel Dda University Health Board.
- 1 inspection within Powys Teaching University Health Board involving two hospital sites.

Inspection methodology

Our NHS hospital inspections were announced. On each occasion we were accompanied by clinical peer reviewers drawn from healthcare services across Wales together with additional reviewers who placed a particular focus on obtaining patients views on services received. During our inspections we also spoke with a variety of staff, looked at patient documentation and policy/process/audit information, to establish how services were providing care to patients.

We provided an overview of our main findings to representatives of NHS hospital services at a feedback meeting held at the end of each of our inspections. Where we identified immediate risks to the safety and welfare of patients, these were brought to the attention of senior representatives within services at the time. We also followed these up in writing in accordance with our immediate assurance process.

Following each inspection, the service was sent a draft report of our findings and (where necessary) an improvement plan to complete. The completed improvement plan informed HIW of the actions being taken to address the improvement needed. All improvement plans were evaluated by HIW to determine whether the service had taken, or proposed to take sufficient action.

We published our findings within our inspection reports under three themes:

- Quality of the patient experience.
- Delivery of safe and effective care.
- Quality of management and leadership.

Once agreed, the improvement plan was also published alongside the final inspection report for the service.

Individual reports for all our inspections and can be found on HIW's website www.hiw.org.uk

4. What we found

Quality of patient experience

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

Almost without exception, we found that patients' and relatives' experience of healthcare during our inspections was positive; people told us that they were treated with kindness, courtesy and politeness.

Aspects of services that required improvement related to the need for clear patient identification, the application of the Deprivation of Liberty Safeguards and patient and family involvement in the arrangements for care planning and hospital discharge arrangements.

Immediate Assurance issues

During the course of 2016/17, we identified a number of service improvements with regard to the Patient Experience that health boards needed to resolve as a matter of priority. We therefore sent a letter to relevant health boards within two days of our inspection, giving them a maximum of seven days to provide us with confirmation that corrective action had been taken; setting out any longer term actions needed across their respective organisations. We also made certain that measures were being taken by healthcare staff with regard to the safety and support of patients and/or staff, prior to the end of our inspection visits.

The immediate assurance issues related to:

- The absence of patient identification wristbands which could have led to medication administration/treatment/investigation error (Three inspections).
- The need to ensure that staff fully complied with Mental Capacity Act (2005) Legislation. Failure to do this had the potential to undermine patients' human rights (Two inspections).

Staying healthy

Overall, we found that patients were supported to make decisions about their health and wellbeing. This was because the majority of patients who spoke with us, or completed a HIW questionnaire, indicated that hospital staff generally took time to provide them with enough information about their treatment and ways which they may be able to improve their general health. We were also able to confirm that patients were provided with written information for them to take home (wherever appropriate), for future reference.

However, a small number of patients said that doctors didn't always explain things in enough detail, or in simple language, to help them to understand.

In addition, one health board was required to take action to ensure that patients, particularly those who had a diagnosis of dementia, or who were confused, received sufficient support from staff to prevent boredom, reduce anxiety and maintain their daily living skills as far as possible.

All hospitals visited, promoted and supported the need for a smoke free environment in accordance with the health and care standards.

Dignified care

Almost without exception, we found that patients' and relatives' experience of healthcare during our inspections was positive; people told us that they were treated with kindness, courtesy and politeness. We also saw that doors to individual rooms and curtains were closed around patients' beds at times when they were being supported with personal care. In some ward areas visited, we saw that patients were able to change into day wear from their nightclothes, to promote their dignity.

Staff in all areas visited, were found to be respectful and helpful toward one another, as well as those they were caring for. In addition, patients and relatives who completed a HIW questionnaire expressed their satisfaction with the cleanliness of ward areas.

A number of the improvements identified regarding the provision of dignified care, related to emergency departments. This was due to the need for better 'flow' and monitoring of patients. Specifically, health boards were required to make improvements to such services, to prevent the need for patients to receive care on trolleys in corridors and other areas away from designated cubicles, or assessment and treatment areas.

Nine HIW inspections identified that improvements were needed in terms of maintenance of the health care environment. This included the processes place to ensure that estates personnel responded promptly to requests for repairs. Our findings also related to the need for health boards to prioritise such issues in an appropriate way.

Two of our hospital inspections highlighted the need for staff to strengthen their approach to the assessment, monitoring and evaluation of patients' level of pain.

Other improvements related to a combination of changes required in relation to:

- Continence care.
- The need to avoid providing care to mixed gender groups of patients in wards.
- Communication between staff and patients with complex sensory needs.
- The need for symbols rather than words on Patient Safety at a Glance Boards (PSAG), to assist staff when providing individualised care, but protecting patient confidentiality at the same time.

Patient information

NHS staff understanding of the Mental Capacity Act (MCA) 2005 and use of the Deprivation of Liberty Safeguards (DoLS) was variable. In a number of cases, staff lacked sufficient knowledge about how, or when, they should be applying the requirements of the MCA as a whole, or the DoLS in particular. For example, there was varied appreciation of when an assessment of mental capacity needed to be made and how a decision was to be made in a patient's best interest in accordance with the MCA. This meant that there may have been times during the delivery of patient care, that individuals' human rights were not upheld.

We also found that the provision of bi-lingual information and the ability of patients to discuss their health needs in Welsh was inconsistent across health boards.

Patients' personal records were seen to be stored securely at each inspection.

Communicating effectively

During some of our inspections we found that health boards placed an emphasis on meeting individuals' language and communication needs. For example, some clinical areas required their staff to complete 'This is Me' documentation to prompt them to speak with patients and their families to improve their understanding of individuals' background, needs, wishes and preferences as a means of delivering appropriate care and support. There was though, either little, or no use of communication aids such as hearing loops or picture cards, and some relatives felt that communication between them and staff could have been better.

We did however, see training information which confirmed that NHS staff had attended specific sessions and workshops on how best to communicate with patients who had additional needs. In addition, one emergency department had displayed the typical 'patient journey' on a notice board to help patients understand what was likely to happen while they were there. Some wards, also had picture signs fixed to doors at various points, to help patients find their way to toilet and bathing areas and 'who is who' posters were evident to explain the role of NHS staff who wore different coloured uniforms.

Aspects of services that required improvement generally related to the need for health boards to ensure that patients and their families were fully involved in the arrangements for care planning and discharge from hospital. People also told us that they would like NHS staff to be better at informing them about how long they were likely to wait in the emergency department to be seen by a doctor.

Additionally, we saw that one health board needed to update its website so that it contained accurate information and health promotion leaflets.

In general, signs in NHS facilities across Wales needed to be readily available in Welsh as well as English in accordance with the Welsh Language Measure (Wales) 2011.

Timely care

The health and care standards require services to ensure that all aspects of care are provided in a timely way, at the right time, in the right place and with the right staff.

During the course of our 2016-17 inspections, 138 HIW patient questionnaires and 83 HIW staff questionnaires were completed.

The majority of patients who spoke with us, or completed a HIW questionnaire, indicated that staff responded to their needs in a timely manner. This was in part due to staff anticipating their needs, together with the efforts they made to respond to individuals at times when they used their nurse call buzzer for assistance. There were though, a small number of cases where patients told us that they sometimes had to wait for staff to answer their buzzers.

Comments received from patients included:

'Staff are helpful and attentive and support me to manage things on my own, or with support if needed'.

'Staff pressures. Hard for them to do their job'.

"Very good (staff)".

"There was a wait for the ambulance of 1.5hours and had to wait in ambulance outside A&E for some time. We appreciate the demands on the service and understand delays can't always be avoided".

We found that staff teams worked well together to ensure that patients received care and support in a timely way.

Individual care

The health and care standards state that the principle of individual care is that people are treated as individuals, reflecting their own needs and responsibilities.

Planning care to promote independence

Our discussions and observations determined that clinical teams worked well with other healthcare professionals (physiotherapists, dieticians, occupational therapists and speech and language therapists), to provide patients with individualised care according to their assessed needs, as far as possible. However, recording of the multidisciplinary care provided could have been better in some of the patients' notes we reviewed.

We also saw many examples whereby staff were encouraging patients to move around the ward area to improve and maintain their level of mobility, as well as ensuring that they were comfortable and in an upright position to eat, drink and take their medication safely and independently.

Patients were seen to have nurse call buzzers to hand and drinks were usually within easy reach to promote independence.

The availability of health promotion material and information about local support services varied. This meant that patients did not always have ready access to information that may have helped them to maximise their physical and emotional wellbeing.

A small number of ward areas inspected had established social and leisure activities to provide patients with stimulation and recreation as far as their condition allowed. There was also a planned project underway at one health board where half of a ward was being used to provide accommodation to patients who had completed their rehabilitation and recovery. Such a service model, aimed to deliver care to patients who were, in the main, waiting for a place at their known discharge destination (for example, a residential or nursing home). Care being provided was therefore at a level to ensure that patients were safe, and to prevent any deterioration in their physical, mental health, of their general abilities.

Improvements identified in relation to the planning of care to promote independence across Wales generally related to the need to ensure that patients were involved in planning their care.

People's rights

We were able to confirm that staff teams placed an emphasis on providing care in ways which promoted and protected patients' rights. For example, doors to single rooms were closed and curtains were used around individual bed areas when personal care or treatment was being delivered. Clinical staff also attempted to speak with patients at their bedside in soft tones, to prevent anyone else overhearing the content of the conversation. There were, however, occasions when such discussions could be overheard which had the potential to compromise patient confidentiality and cause distress to others.

Conversations with patients and their families also revealed that they were encouraged to spend time together, in accordance with their wishes. This was largely achieved through hospitals' open/flexible visiting policies. Relatives who spoke with us also said that staff were kind and friendly when they visited.

One of our emergency department inspections revealed that much work had been done to promote the wellbeing of patients with dementia, whilst another was able to demonstrate a high level of compliance with staff training on the topics of equality, diversity and human rights.

However, we found that there were delays in some patients being discharged from hospitals. These delays were, in the main, due to a lack of suitable social care provision or the need to await modifications to people's properties.

Listening and learning from feedback

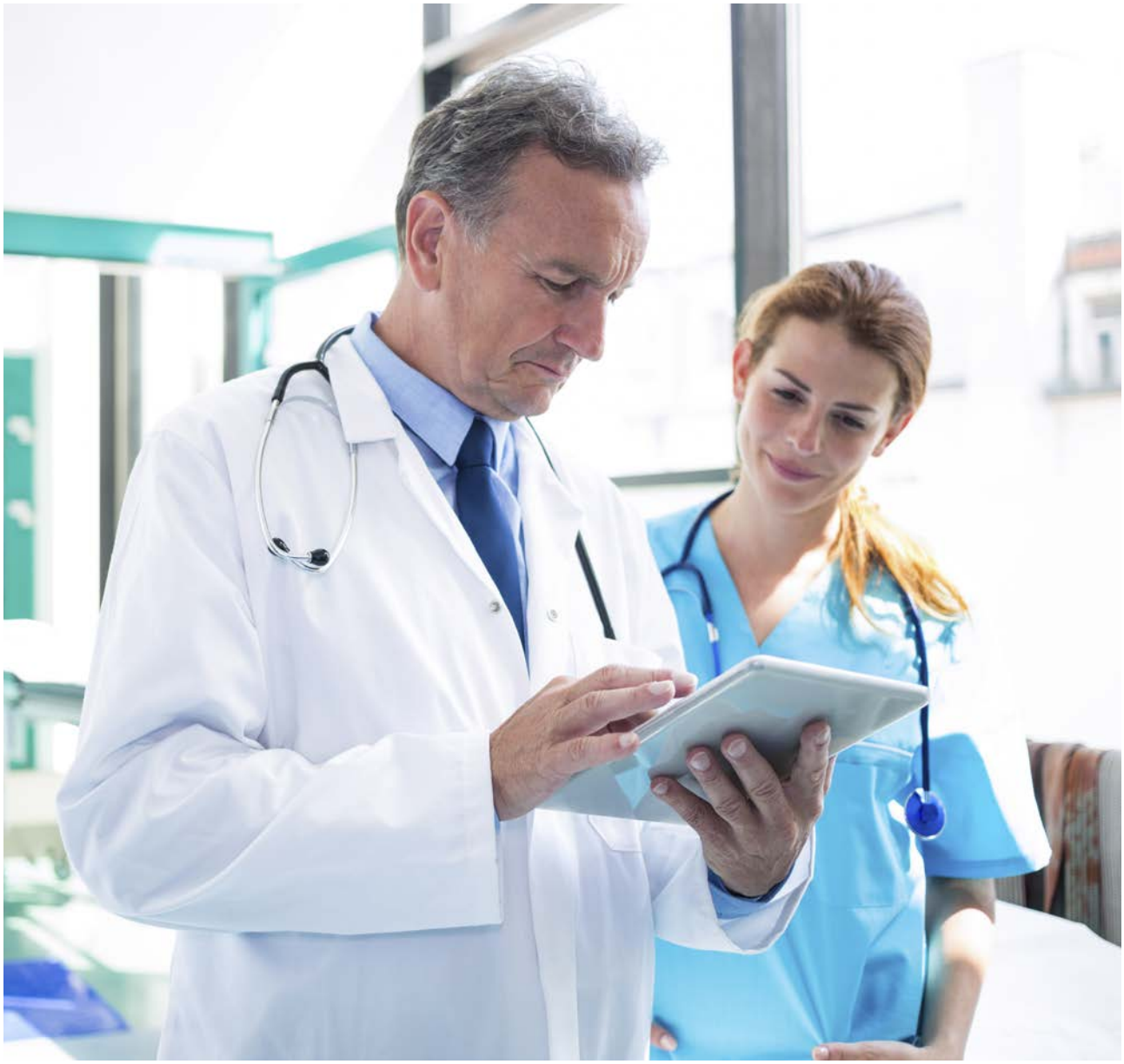
Our inspections showed that there was a good understanding of 'Putting Things Right'[2] arrangements; staff making every effort to provide an 'on the spot' resolution to any concerns raised about patient care, as required.

[2] Putting Things Right refers to the arrangements which enable people to raise any concerns they may have about the care or treatment provided by, or for, the NHS in Wales.

The recording and investigations of health boards' concerns/complaints, was found to be well established across Wales, although services did acknowledge that response times could be better on occasions. In addition, the NHS concerns/complaint procedure was not always prominently displayed for people to see and understand.

All health boards were striving to encourage patients and their families to offer views on their experiences of healthcare services. This was largely achieved through placing comment cards and post boxes at various points in the hospital environment for use. Patients were also offered the opportunity to complete a brief survey form during their stay, or to feedback electronically via provided tablets, or via telephone text messages generated by the health board. In addition, patients were known to offer informal feedback to ward staff during their in-patient stay.

Discussions about what happened to information gathered in the above ways, demonstrated that health boards made every attempt to improve aspects of services in direct response to patients' views although they acknowledged that they needed to get better at doing that.



Delivery of safe and effective care

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

We found that health boards placed a considerable emphasis on the provision of safe and effective care. We did however identify a number of instances across a range of Health and Care Standards where improvements were required.

Immediate assurance issues found during our inspections related to:

- The need to improve the flow of patients through the emergency department to avoid people receiving care on trolleys in corridor areas. (One health board).
- Improvements to aspects of medicines management. (Two health boards).
- Improvements to the arrangements in place regarding the assessment, prevention and management of pressure ulcers. (One health board).

Safe care

Managing risk and promoting health and safety

All NHS hospital services inspected were able to demonstrate how they worked to ensure that risk management and health and safety was an essential component of patient care and in the protection and support of staff.

Preventing pressure and tissue damage

During all our inspections, we saw that staff had assessed patients in relation to the risk of them developing pressure damage to their skin. We were also able to confirm that staff took appropriate action to prevent patients developing pressure and tissue damage. In addition, pressure relieving equipment was available in all clinical areas visited throughout the year.

Pressure ulcer monitoring records showed that patients had been assisted or encouraged to regularly move their position whilst in bed, or in an armchair. We also saw staff assisting and encouraging patients to move around the ward environment. This was in accordance with required practice.

Falls prevention

At each inspection, we viewed a sample of patients' records and found that assessments were being undertaken to reduce the risk of falls; prompt action being taken accordingly. For example, the frequency of patient observations varied in accordance with their physical and mental health needs and bed rails were used in support of patients' safety, if considered appropriate.

Infection prevention and control

We saw that antibacterial hand gel was available in all hospitals for staff, patients and visitors to use. Hand washing and drying facilities were also seen in clinical areas. During our inspections we saw staff routinely use these facilities before and following interactions with patients. Staff were also observed to keep their lower arms free from clothing to promote thorough hand-washing techniques. This helped to minimise the risk of cross infection in relation to patients, visitors and staff.

All health boards had a comprehensive infection control policy in place and we found that regular audits were being undertaken in clinical areas to ensure that staff were adhering to their respective local policy and good practice principles. Infection prevention and control audits, and other audit results associated with clinical areas, were clearly displayed on notice boards for patients, visitors and staff to see.

We were also able to establish that NHS staff had access to personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection, although we did observe some instances when these were not used as and when they should.

Improvements identified through HIW inspections regarding this standard were associated with the need for foot operated sanitary units, improved hand hygiene and for staff to ensure that ward equipment was always cleaned in accordance with local policy, prior to, and after use.

Nutrition and hydration

We saw many examples of good nutrition plans of care. Each clinical area inspected also ensured the involvement of dieticians and speech and language therapists in response to patients' changing needs. All-Wales food charts and nutrition assessments/monitoring charts were in place in ward areas. However, we found that these were not always completed in full. Our inspections confirmed that there was an emphasis on providing patients in emergency departments with food and drink, although we did find a small number of instances where some individuals had to wait for up to 50 minutes to receive their meal.

During mealtimes, we observed that in most instances there were sufficient staff to help patients eat and drink. However, on a small number of occasions we saw food being placed in front of patients who were clearly unable to eat and drink independently. HIW staff intervened in all cases.

Wards visited encouraged relatives to visit at mealtimes to assist their family member to eat and drink (if needed and, with the agreement of the patient) otherwise protected mealtime arrangements were in place to ensure that patients were not disturbed by members of the ward team whilst eating.

We found that patients had a choice of meal, each day during their stay in hospital. Therapeutic diets were provided in accordance with identified need (for example, pureed meals). The majority of patients told us that the food provided by the hospital was good, although we did receive some mixed comments. Staff were regularly observed asking patients if they wanted anything to drink. However, whilst drinking water was generally available, we found that water jugs were not always replaced three times a day, in accordance

with All Wales Nutrition and Catering Standards for Food and Fluid Provision. In addition, snacks were not always available on a 24 hour basis.

A number of our inspections found that patients were not always offered antibacterial wipes prior to mealtimes. There is therefore scope for improvement in this area.

Medicines management

In general, we found that there were comprehensive medicines management arrangements in place at each health board; staff adhering to local policies and professional guidelines as required.

We further found that staff received useful and regular support from pharmacy colleagues. During each of our inspections, we saw that nurses were undisturbed when administering medication to minimise the risk of error and to enable them to support and advise patients at those crucial times.

However, we identified the following issues in relation to improvements required by health boards:

- The absence of audit activity regarding medicines management. This meant that there were no planned opportunities for staff to determine whether, or if, improvements needed to be made to this aspect of patient care.
- We found unlocked medication fridges and inadequate monitoring of fridge temperatures. This meant that drugs may not always have been stored at the required temperatures.
- A number of medication storage rooms were unlocked which meant that the areas could have been accessed by unauthorised persons.
- We saw that some patients' medication charts failed to contain staff signatures to verify that drugs had been administered in accordance with prescription.

We also discovered isolated instances whereby controlled drugs management needed to be improved; staff needed to ensure that oxygen therapy was prescribed on medication charts and that excess medication stock was removed from a clinical area in a timely way.

Safeguarding children and adults at risk

We found that all health boards had suitable arrangements in place to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

Blood management

We found that there were appropriate policies and systems in place for the safe use of blood and blood products as a component of patient care.

Medical devices, equipment and diagnostic systems

During our inspections, we saw that a range of medical and nursing equipment was available within wards and departments, the majority of which was visibly clean and maintained for safe use. There was however, one case where we found that a patient couch was blood-stained, indicating that it had not been cleaned after use; a matter which was dealt with immediately.

Otherwise we found that health board employees across Wales checked and cleaned equipment in accordance with local policies and procedures to ensure the safety of patients and other staff.

We were able to confirm that ward staff rarely experienced any difficulties obtaining equipment and mobility aids to assist with the delivery of patient care, although there were 'pockets' of health services that experienced delays in the delivery of some items. In instances where we discovered that clinical services were unable to purchase necessary medical equipment, HIW highlighted the need for improvements.

Effective care

Safe and clinically effective care

All health boards had a system in place to ensure that patient safety information was shared with relevant NHS staff, although we still found instances of non-compliance. In all cases, we discussed the need for improvement in this regard, requiring improvement plans to be completed after the inspection wtihin a prescribed timescale.

Quality improvement, research and innovation

We found that a number of innovative service improvements had been put in place across Wales. These included service developments within emergency departments, falls response projects, and the recruitment of people with a specific quality assurance and internal inspections remit, to support the provision of a high standard of care.

Information governance and communications technology

In one instance, staff told us that electronic systems used for recording patient care were very slow, which meant that they were not always able to update them in a timely way. We were, however, satisfied that information was stored securely in support of patient confidentiality.

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

Record keeping

As with previous years, we found that record keeping could have been better within some health boards in terms of providing clear information about aspects of care, treatment and decision making.

We did however see some very good examples of how wards were recording patients' journeys from the point of assessment to discharge.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how health boards review and monitor their own performance against the Health and Care Standards/ National Minimum Standards.

Overall, we found management and leadership to be strong at ward and Executive Board level. However, due to the nature and number of improvements identified across NHS hospital services, health boards are reminded of the need to ensure that internal governance arrangements are sufficiently robust. This is, in support of the provision of high quality, safe and reliable care.

Immediate Assurance issues found during our inspections were:

- HIW discovered one instance where a ward manager was about to take annual leave, leaving the clinical area concerned without a manager to oversee the day to day running of the ward and provision of care to patients.

Governance, leadership and accountability

Good leadership at Executive Board level and within clinical areas is essential for the provision of consistent, safe high quality patient care.

Despite the very real challenges facing health boards and acute hospitals, and the complexity of how they delivered services, we generally found management and leadership to be strong at ward and Executive Board level. This was confirmed through discussions with a wide variety of NHS staff and consideration of the written processes and systems in place to support patient treatment and care.

Ward/departmental teams also demonstrated a good understanding of what needed to be done differently, or better, in terms of care provision. They also showed a clear commitment to learning from mistakes. We did, however, identify a small number of clinical areas across Wales where management and leadership needed to be strengthened, largely as a result of recent and significant changes to staff structures.

We found that all health boards had clear organisational structures in place, although some of them were complex, due to the nature and size of the health board concerned. NHS staff demonstrated a good understanding of their roles and responsibilities at ward/departmental level and who to go to, if they needed additional support. However, feedback from a small number of completed HIW staff questionnaires did highlight concerns about the willingness and availability of some senior managers to actively listen to their queries at times.

All NHS services inspected broadly promoted an open reporting culture as a means of investigating incidents and concerns in a timely way; actions being taken to minimise the risk of repeated errors in the delivery of services to patients. We did however; discover in some instances, that health boards could improve the level and frequency of feedback given to staff at the point where investigations had come to an end.

We were able to confirm that all health boards had a range of clinical governance arrangements in place; standards of care in wards and departments being assessed and monitored by ward sisters and senior managers on a regular basis. The support of clinical practice 'educators' was also found to be of benefit in supporting ward staff to sustain and improve health and care standards and improves services to patients.

Our inspections have shown that there were mechanisms in place for clinical audit activity to be undertaken within services across health boards, the outcomes of which were communicated to Executive Boards through a variety of quality and patient safety groups.

Staff who spoke with us, or those who completed a HIW questionnaire, offered positive comments overall, about the support they received in their day to day work. They were also honest in telling us that there were times when it was difficult to fulfil their responsibilities due to staff vacancies, or unforeseen sickness.

However, the application of internal governance arrangements was found to be variable. This together with movement of key personnel during health board re-structure exercises, led to some instability in service provision and reduced levels of clear communication between senior managers and staff involved in direct service provision.

Staff and resources

Workforce

We found that each health board in Wales adopted a pro-active approach to the recruitment and retention of staff as well as the management of staff sickness/absence.

Staffing levels were monitored on a day to day basis. We also found that every effort was made to fill gaps in clinical areas that had occurred as a result of vacancies and/or short and long term sickness on a day to day basis. This was usually achieved through the use of bank staff and where necessary, agency nurses. We also viewed staff rotas and found that permanent ward staff worked as flexibly as possible to ensure that any shortages were covered.

We held discussions with senior managers in all health boards, specifically with regard to future staffing levels and skills needed. As a result, it was evident that health boards were exploring a number of ways of ensuring that they would have access to a skilled and stable workforce. Examples included:

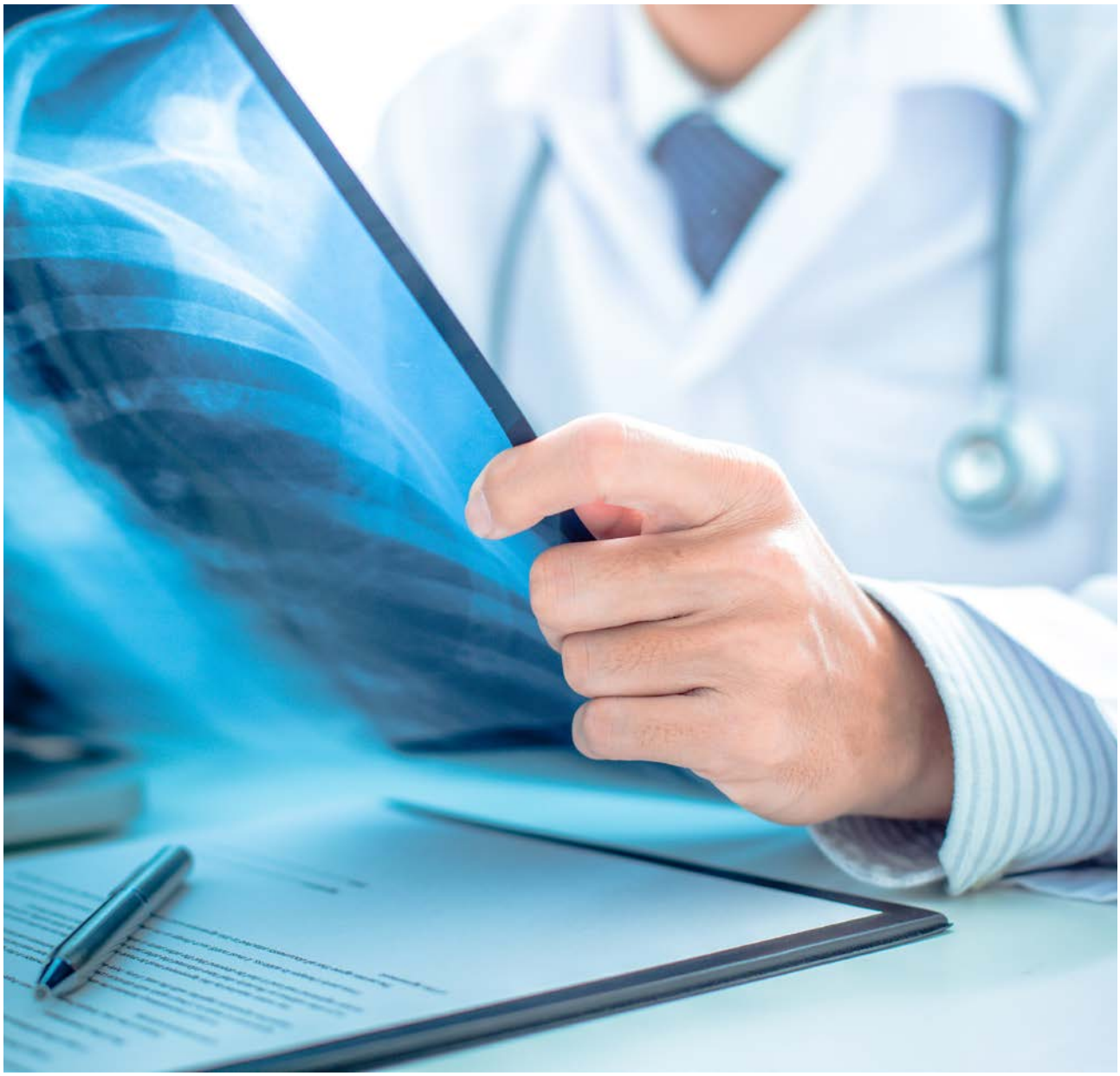
- Building on existing links with universities and colleges to discuss NHS staff requirements and provide students with work opportunities.
- Local, national and international advertising campaigns.
- Supporting existing staff to move into more senior roles through 'in-house' and external leadership and management programmes.

Staff in all areas inspected, were provided with access to mandatory and patient specific training. However, we found that there remained some difficulties with releasing staff from their caring duties at times. This meant that health boards were not always compliant with their stated local mandatory training programmes.

We found that there were arrangements in place to provide staff with an annual appraisal of their work. However, some appraisals had not taken place in a timely manner due to the challenges of providing care and support to patients with complex, unpredictable needs.

We did identify the need for improvements in relation to staffing and resources. These included:

- The need for one health board to ensure that agency staff were appropriately trained for the work they were expected to undertake.
- The need for better communication between clinical areas and nurse bank managers, so that gaps in staffing could be filled in an efficient way.



5. Conclusions

Health boards have continued to engage well with the HIW inspection programme, one health board having taken a pro-active approach to raising awareness among ward sisters and senior nurses about our inspection process.

We have also noted some examples of demonstrable and sustained improvement during follow-up inspection visits. However, HIW wishes to highlight the following, in order that service provision continues to improve for the benefit of patients and staff.

- Health boards must ensure that health care environments are well maintained; with estates personnel responding to requests from ward/departmental staff in a prompt manner.
- There remains a need for all health boards to ensure that where improvements are identified by HIW, action is taken across the entire organisation as opposed to discreet areas of service.
- As with previous years, we found that record keeping could have been better within some health boards in terms of providing clear information about aspects of care, treatment and decision making.
- Staff recruitment and retention poses an on-going challenge for health boards which requires on-going concerted efforts to support staff to minimise short term sickness/absence. Health boards also need to maintain their focus on local, national and international recruitment initiatives.
- All health boards within Wales are required to consider how compliance with mandatory and patient specific training can be improved in order that patients are able to receive good quality care from confident, competent staff.
- The provision of strong, stable management and leadership is crucial to the delivery of safe and effective care to the most vulnerable people in our communities.

6. What next?

Over the next year, we will continue to focus on the provision of a varied and risk based programme of NHS hospital inspections wherever possible. The programme is also set to include a new 'strand' of inspection which will consider the patient surgical/theatre pathway. This is in recognition of the increasing number of frail, elderly patients who require support, care and treatment in our hospitals across Wales.

We will also continue to promote and highlight the experiences of patients and report openly and accurately on our findings.

Appendix A

Recommendations

As a result of the findings from our 2016-17 inspections in date, we have made the following overarching recommendations which all services should consider as part of providing a safe and effective service.

Patient Experience	
Recommendations	**Regulation/Standard**
All health boards must ensure that clear and sustained improvement is made to promote patients' dignity. This specifically relates to the need to listen to patients, the flow of patients within emergency departments and the need to protect patient confidentiality at all times.	Health and Care Standard 4.1
All health boards are required to improve how they obtain patients, relatives and carer's views on services provided. There is also a need for clarity in terms of what improvements are made in direct response to patients' views and as a consequence of informal and formal concerns/complaints.	Health and Care Standard 6.3
Delivery of safe and effective care	
Recommendations	**Regulation/Standard**
All health boards must ensure that there is compliance with legislation and guidance to provide safe clinical environments. This is because we found many instances whereby staff requests for ward repairs were not dealt with in a prompt way. In addition, we found some examples of poor lighting, delays in refurbishment and decoration of some clinical areas and a need for dementia friendly environments.	Health and Care Standard 2.1
All health boards need to ensure that staff adhere to infection prevention and control local policy and best practice and guidelines. This is as a means of ensuring optimum hand hygiene and equipment that is always clean and ready for use.	Health and Care Standard 2.4

Delivery of safe and effective care	
Recommendations	**Regulation/Standard**
All health boards are required to maintain a focus on compliance with all aspects of medicines management. However, the need for staff adherence to local policy, the use of patient identity bands, the recording of prescribed oxygen on patient medication charts and legible prescribing, being of particular importance, in accordance with HIW findings.	Health and Care Standard 2.6
All health boards must continue their efforts to address the need for good quality and consistent recording in relation to patient care. Our findings during previous years and during 2016-17 have resulted in improvements in this regard as it is imperative that clinical teams have access to clear, concise and complete records of patients' clinical presentation, in order to support decision making and discharge planning.	Health and Care Standard 3.5
All health boards must ensure that patients receive timely pain relief, together with timely evaluation regarding its effectiveness.	Health and Care Standard 5.1
Quality of management and leadership	
Recommendations	**Regulation/Standard**
All health boards are required to ensure that staff receive suitable initial and refresher training sessions to help them to understand and apply the provisions of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. This is because we found variable understanding of this legislation during a number of our NHS hospital inspections. Failure to do this has the potential to undermine people's human rights.	Health and Care Standard 7.1
All health boards need to ensure that staff receive a timely annual appraisal that results in a clear, achievable personal development plan. This is, in order that staff are supported to be competent and confident in the delivery of safe and effective care to patients.	Health and Care Standard 7.1