

Hospital Inspection (Unannounced)

**Cwm Taf University Health
Board:**

**Prince Charles Hospital &
Royal Glamorgan Hospital -
Women and Child Health**

28 and 29 June 2015

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

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

HIW's primary focus is on:

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

Healthcare Inspectorate Wales (HIW) completed an unannounced Inspection of the women and child health directorate within Cwm Taf University Health Board on the 28 and 29 June 2015. The following hospital sites and wards were visited during this inspection:

Prince Charles Hospital:

- Ward 21 – Midwifery
- Ward 31 – Paediatrics
- Ward 32 – Paediatric admission unit / day case
- Special Care Baby unit (SCBU).

Royal Glamorgan Hospital:

- Neonatal unit
- Ward 9 – Gynaecology
- Ward 10 – Obstetrics
- Ward 17 & 18 – Paediatrics
- Paediatric Outpatient Department.

Please note that for the remainder of this inspection report we will refer to Prince Charles Hospital as PCH and the Royal Glamorgan Hospital as RGH, for ease of reading.

2. Methodology

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

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

Figure 1



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

- **Quality of the Patient Experience:**
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of a Safe and Effective Service:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the inspection to the women and child health directorate within Cwm Taf University Health Board, comprised of seven HIW Inspection Managers, two Clinical peer reviewers and one lay reviewer. The inspection was led by HIW's clinical director and head of inspection.

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

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

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

3. Context

Cwm Taf University Health Board is situated in South Wales just north of Cardiff, between the Brecon Beacons National Park and the M4 motorway. The health board is responsible for providing healthcare services to the population of Merthyr Tydfil and Rhondda Cynon Taf, estimated to be around 289,400 people.

The health board area is made up of four localities, three of which are within the Rhondda Cynon Taf area. These are the Cynon Valley, the Rhondda Valley and the Taff Ely area. The fourth locality is Merthyr Tydfil. Cwm Taf is the second most densely populated health board in Wales; many areas being amongst the most deprived in Wales.

Cwm Taf University Health Board currently manages two district general hospitals, five community hospitals and a university health park.

4. Summary

We were able to confirm that the service generally provided person-centred care that was safe, effective, dignified and timely. HIW did, however, identify some areas for consideration and improvement needed by the health board.

The women and child health directorate placed considerable emphasis on ensuring that people had a positive experience of services provided and made every effort to involve patients, their families and carers in the decisions and plans about their current and on-going health care needs.

It was evident that the directorate made every effort to listen to people who received care and their families. The directorate also actively sought people's views concerning the quality and effectiveness of its services.

Overall, we found that the directorate provided a service which delivered safe and reliable care that was broadly consistent with the Health and Care Standards. For example, examination of information and conversations with patients and their relatives demonstrated that people using the service were supported to take responsibility for their own health and well-being. We did identify the need for some improvement with regard to the timely access to Child and Adult Mental Health Services (CAMHS) crisis assessment, elements of infection prevention and control, aspects of medicines management and record keeping.

We found that leadership and management was visible, strong and effective within the women and child health directorate; senior nurses and ward managers providing us with descriptions of how they strive to ensure a high standard of care to their patients. In all areas visited, staff were clear and knowledgeable about their particular roles and responsibilities and enjoyed working as part of well established teams.

Overall, we found that there were enough staff, with the right knowledge and skills to meet people's needs.

Discussions with a wide range of staff throughout the directorate, and the content of completed HIW staff questionnaires, demonstrated that the health board fostered a culture of learning and personal and professional integrity.

HIW issued the health board with an immediate assurance letter as a result of this inspection. This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. HIW has since received a satisfactory response from the health board in terms of their stated monitoring arrangements and action taken following our findings.

5. Findings

Quality of the Patient Experience

Whilst we identified some areas for consideration by the health board, we were able to confirm that the service generally provided person-centred care that was safe, effective, dignified and timely. The women and child health directorate also placed considerable emphasis on ensuring that people had a positive experience of services provided and made every effort to involve patients, their families and carers in the decisions and plans about their current and on-going health care needs.

It was evident that the directorate made every effort to listen to people who received care and their families. The directorate also actively sought people's views concerning the quality and effectiveness of its services.

People's rights

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

During our inspection, we invited patients and/or their relatives to complete a HIW questionnaire to obtain their views about current experiences of the women and child health services at Prince Charles and the Royal Glamorgan Hospital respectively. HIW questionnaires specifically seek patient's views about the ward environment, attitudes of hospital staff and care received. Seventeen questionnaires were completed by, or on behalf of patients.

Completed questionnaires indicated that wards were considered to be clean and tidy and staff were polite to patients, their family and friends. Questionnaires further confirmed that staff had taken time to talk to patients about their care and treatment which helped them to understand their medical conditions. In addition, patients and their relatives generally provided us with positive comments regarding the professional attitude of staff and the care received; offering a rating of nine out of a maximum of ten points.

We found that people were provided with care and support in a kind, dignified, respectful and compassionate manner. This was because we observed staff when speaking with patients, children and their relatives. We also spoke with

patients and their relatives during the two days of our inspection and received positive comments about the way in which staff responded to their care needs.

We reviewed a sample of patient records in each of the clinical areas visited and found that the recording of individualised care planning could have been better (this issue is discussed in more detail in the section of this report entitled the Delivery of Safe and Effective Care). We were able to confirm the existence of a patient focused approach to the delivery of care that also respected people's individual rights throughout the directorate. Specific examples included:

- The parents of babies being cared for in SCBU confirmed that they had been made to feel included at all times This is because they were encouraged and supported to remain involved in their baby's care (SCBU and Ward 21 PCH)
- The care and compassion shown by staff to parents who had experienced unforeseen difficulties related to their pregnancy and child birth (SCBU and Ward 21 PCH)
- The particular religious needs of a mum were accommodated on the ward (Ward 10 RGH).

Conversations with staff, in both hospitals visited, revealed the presence of a knowledgeable and passionate workforce who placed considerable emphasis on the provision of person-centred care.

Whilst we didn't identify any significant concerns with regard to patient experiences of healthcare delivery, we did identify the following:

- Feedback within completed HIW questionnaires returned from both hospitals visited indicated that five out of 17 patients were not offered the option to communicate with staff in the language of their choice
- Parents told us that ward information on admission was not always shared in a timely manner (Ward 17 RGH, paediatrics). For example, parents were not initially made aware of the existence of play room facilities, or facilities which were exclusively available for their use whilst supporting their child at the hospital. The absence of such information meant that it was difficult for some parents/patients to become familiar with the ward environment from the point of admission. Additionally, parents had resorted to using ward facilities, such as toilets, that were intended for patient use only. This matter created the potential risk of cross infection
- The patient leaflet in place within Wards 17 and 18 at RGH required some updating

- Facilities to enable parents to rest overnight, (such as the provision of a bed/reclining chair and pillows), were not adequate in RGH Ward 17. This meant that some people were not assisted to be as comfortable as possible
- The health board had introduced a trial initiative which allowed 'partners' to stay overnight in postnatal areas of maternity wards. Whilst we were told that this was working well in RGH, the feedback received about this initiative in PCH was less positive. The main issues of concern related to the lack of space available and the lack of washing facilities at PCH. This initiative will be evaluated by the Health Board prior to full implementation.
- Families with small children using the waiting room in the outpatients' department at RGH told us that their experience would be better if there was a greater variety of toys available for younger children.

Each of the above issues was discussed with ward managers and senior managers during the inspection who expressed a willingness to try and improve service delivery as far as possible in response to our findings.

Listening and learning from feedback

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

We saw records and interactions between patients and staff which demonstrated that both formal and informal feedback from patients and their families was taken into account. This included hospital patient questionnaires, responses to complaints and thank you cards. More specifically we were provided with an example where learning from a complaint had been shared across the directorate in order to improve performance. We were also told that details of the incident were shared with the executive team as a means of promoting learning and development across the organisation.

Delivery of Safe and Effective Care

Overall, we found that the directorate provided a service which delivered safe and reliable care that was broadly consistent with the Health and Care Standards. For example, examination of information and conversations with patients and their relatives demonstrated that people using the service were supported to take responsibility for their own health and well-being. We did identify the need for some improvement with regard to the limited availability of Child and Adult Mental Health Services (CAMHS), elements of infection prevention and control, aspects of medicines management and record keeping.

Staying healthy

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

We found suitable health promotion information available in most areas we visited and in public waiting areas. Conversations with staff demonstrated that they were aware of the importance of health promotion in their work with women, children and parents. Breast feeding was also promoted and supported at both sites. For example, there were rooms available to enable and support mums and members of staff (who had just returned to work from maternity leave) to either breast feed and/or express.

Conversations with a number of patients and parents resulted in confirmation that they had received sufficient information about their care and treatment or that concerning their relative/child.

Safe care

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

Staff told us there had been an increasing number of challenges recently within Wards 17 and 18 (RGH) whereby they had needed support for patients with

mental health issues, particularly at weekends. However, staff had not been able to access CAMHS services in a timely manner which may have impacted negatively on the delivery of care to patients.

Improvement needed

The health board is required to demonstrate how it will ensure that paediatric staff have improved access to CAMHS in the future. This is to ensure that all patients with identified need receive timely and effective support.

We saw that two patients (children) in Ward 31 PCH did not have the required identification armbands in place. Discussions with staff revealed that both children had been admitted to the ward from the accident and emergency department. In addition, we were told that the ward computer had broken down during the night which meant that armbands could not be printed off the system. This safety matter was therefore brought to the attention of the nurse in charge and the issue was promptly resolved.

HIW issued the health board with an immediate assurance letter. This was to ensure that there was a suitable system in place for the identification and safety of all patients across the organisation at all times. HIW has since received a satisfactory response from the health board in terms of their stated monitoring arrangements and action taken following our findings.

We saw written information which confirmed that risk management and health and safety was well managed across the directorate.

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

We found that there were adequate hand washing facilities in all areas visited and hospital cleaners were allocated to specific clinical areas which meant that there was a consistent approach to the standards of cleanliness and hygiene required in their areas of work. In addition, staff were seen to be wearing gloves and aprons at appropriate times during service delivery.

We found that infection control audits and monitoring were undertaken on a regular basis with specialist infection control advice and support available to

staff as and when required. This meant that the department had a system in place to identify areas of concern and make continuous improvements as far as possible.

We did, however, identify the following issues:

- We found boxes of sterile supplies stored directly at floor level (SCBU, PCH)
- We saw a ward bathroom which contained mouldy grout and chipboard boxing around the toilet, which was porous and permeable (Ward 21 PCH)
- The ward kitchen (Ward 21 PCH) was water damaged, with swollen and stained chipboard on kitchen cabinets which made the area difficult to clean
- We found Inconsistent arrangements in place for the regular cleaning of toys (Wards 17 and 18 RGH).

Improvement needed

The health board is required to describe the action to be taken to address the infection, prevention and control findings identified during this inspection.

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

We found that people were well supported to meet their nutritional and hydration needs at all times of day and night. We saw that patients were offered a varied choice of nutritious and well presented food. There were also opportunities for people to buy their own food/drinks at outlets in both hospitals. We did, however observe that the hot food trolley was left unattended when the staff member was taking food to patients (Ward 21 PCH). This meant that there was the potential risk of injury to patients or visitors from the hot surface of the equipment.

Improvement needed

The health board should consider the arrangements in place for supervising the hot food trolley. This is to ensure and protect the safety of patients and visitors.

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

Although we found that patient's medication records generally indicated that their prescribed medication was appropriately administered, we also identified a range of areas where improvement is required:

- Staff were not documenting the administration of prescribed oxygen in the paediatric wards at RGH (this was discussed with the ward manager during our inspection and corrective action taken in a prompt manner)
- The electronic prescribing system did not allow staff to undertake a bedside check of the patient's identity against the medication administration record at the point when prescribed medicines were being given to the patient (SCBU, RGH). This could lead to errors in administration of medication. Discussions with staff confirmed that no such errors had taken place. However, HIW made further contact with the health board about this matter on completion of the inspection visit to ensure that current medication management guidelines were reviewed with the support of pharmaceutical staff
- Some staff in one area could not access the health board medicines management policy at ward level (SCBU, PCH). This meant that they did not have access to relevant information to support them in their work
- There were instances when the controlled drugs book was not being signed by two members of staff in accordance with the existing health board medicines management policy (Ward 21 PCH). This meant that there was a potential for error
- The control drugs book was not being checked daily, in accordance with health board policy (Ward 21 PCH)
- There were occasions when controlled drugs were not being checked by two midwives prior to administration
- There was no lock on the medication room door (Ward 31 PCH). The room could therefore be accessed by unauthorised persons and contained items that could pose a risk to children
- The medication room door was unlocked at Ward 21 PCH

- Fridge temperatures were not being monitored daily on Ward 31 PCH. This means that the integrity of medication stored in that area may be compromised
- We saw that the controlled drugs cupboards in Ward 21 PCH and the paediatric wards at RGH were made of chipboard, rather than metal. This was not consistent with good practice
- The door to the medication room was unlocked and syringes were accessible (children's day ward/assessment unit PCH). The medication within that room was, however, noted to be secure and locked
- We found a small stock of out of date blood specimen (culture) bottles at PCH children's day ward/assessment unit. This meant that there was the potential for inaccurate blood test results if they were to be used. This was brought to the attention of staff so that they could be removed from the clinical area and replaced
- There was a lack of space generally and the absence of a dedicated surface for the preparation of medicines within PCH antenatal day unit
- We found a broken lock on a drug cupboard (Ward 17 RGH). This issue was however resolved during the inspection.

Improvement needed

The health board is required to describe the action taken to address the medicines management issues identified during this inspection.

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

We found that the directorate had established and appropriate arrangements to promote and protect the welfare and safety of vulnerable children and adults. For example, staff were aware of relevant legislation and guidance and there were appropriate systems in place to make staff aware of any specific information relating to patients in this respect.

Effective care

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

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

We found that communication was age appropriate and had considered people's ability to engage in health related conversations. The parents we spoke with confirmed that staff had shared information with them in a way they understood and which was helping them make informed choices about their future. Patients in other areas also told us that they felt sufficiently informed and well supported.

We also found examples of good practice that helped to further promote safe and clinically effective care.

For example:

- A locally developed 'staying in pack' contained all relevant documentation for nursing staff to complete when patients stayed for longer lengths of time on the ward
- The women and child health directorate adopted meaningful use of feedback from patient and staff surveys to drive innovation and improvement
- The directorate was leading on the implementation of Sepsis Six¹

¹ **Sepsis Six** is the name given to a bundle of medical therapies designed to reduce the mortality of patients with sepsis. **Sepsis** is a common and potentially life-threatening condition triggered by an infection. Sepsis Six consists of three diagnostic and three therapeutic steps – all to be delivered within one hour of the initial diagnosis of sepsis

- Use of the paediatric trigger tool audit which related to the regular audit of 20 sets of notes with consultant input to monitor progress and drive improvement.

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

We saw that record keeping was clear and comprehensive in most areas. Particular examples of good practice included care planning in paediatrics and daily progress notes at PCH. We did, however, find some inconsistency across the directorate:

- There were no specific care plans in place for postnatal women in Ward 21 PCH; instead maternity pathway notes were being used. (with the exception of some complex cases)
- We saw that some clinical notes completed by medical staff were illegible which may lead to misunderstanding by others members of the multi-disciplinary team (Ward 21 PCH)
- Examination of a sample of patients' records in both hospitals demonstrated that medical staff did not always write their designation in the notes alongside their signature as is required
- Ward 21, based on local agreement, use maternity pathway notes. We found, however, that the recording of care plans and risk assessments within Ward 21 PCH was inconsistent. More specifically, patient records relating to postnatal care did not clearly reflect the complexity of patients' needs and other pertinent information such as patients' home circumstances, was absent. In addition, assessment and care planning documentation for postnatal patients was very brief and sometimes blank
- Care plans viewed within Ward 17 RGH contained limited information which meant that they did not act as a good guide to the staff team in terms of providing care
- There was little evidence of person centred assessment and care planning with limited details particularly on moving and handling assessments (Ward 17 RGH)
- The care assessments of longer stay patients were not being updated (Ward 17 RGH).

Improvement needed

The health board is required to describe the action taken to address the record keeping issues identified during this inspection.

Concerns with documentation were also identified as a particular theme during our programme of Dignity and Essential Care Inspections at the health board during 2014/15. In addition to addressing the specific issues found during this inspection, the health board should also consider conducting a wider evaluation of the effectiveness of its patient record keeping arrangements. This will help to address any underlying concerns in this respect and reduce the likelihood of similar concerns being identified at future inspections.

Timely care

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

We did not inspect this standard in detail; however, we did identify some concerns regarding the timeliness of some assessments. In particular, we found that there had been delays in securing speech and language therapy assessment for some patients who had identified difficulties with swallowing.

Improvement needed

The health board is required to describe how it will ensure that patients receive timely assessments following referral to speech and language therapy services.

Quality of Management and Leadership

We found that leadership and management was visible, strong and effective within the women and child health directorate; senior nurses and ward managers providing us with descriptions of how they strive to ensure a high standard of care to their patients. In all areas visited, staff were clear and knowledgeable about their particular roles and responsibilities and enjoyed working as part of well established teams.

Overall, we found that there were enough staff, with the right knowledge and skills to meet people's needs.

Discussions with a wide range of staff throughout the directorate, and the content of completed HIW staff questionnaires, demonstrated that the health board fostered a culture of learning and personal and professional integrity.

Staff and resources

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

We were informed that staffing levels in one area did not meet the requirements of birth rate plus² (Ward 21 PCH). The health board also acknowledged that they faced on-going challenges regarding staff recruitment. We did however, observe staff working across the directorate to provide support to patients where necessary.

During our inspection we invited staff to complete our staff questionnaire to tell us about their experience of working in the health board. We asked staff for their views about their professional development, patient care, the health board and manager. Thirty eight HIW questionnaires were completed by staff from all areas of the multi-disciplinary team within the seven wards inspected.

² Birthrate Plus is a midwifery specific tool that assists with calculating midwifery numbers and skill mix.

<https://www.rcm.org.uk/sites/default/files/Birthrate%20Plus%20Report%2012pp%20Feb%202014%203.pdf>

The majority of staff indicated that they had completed training, learning or development in mandatory topics such as: fire safety awareness, health and safety and infection control.

All staff reported that the training they had received had helped them to do their job more effectively and to deliver a better patient experience.

We also received positive feedback from a student nurse, who spoke very highly of their experience in a number of placements within the directorate.

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)

We spoke with senior staff in each of the clinical areas we inspected, all of whom demonstrated excellent knowledge of their area of responsibility. Discussions with other members of staff further indicated that communication was effective across the directorate. We also found a positive ethos and a multi professional approach to teamwork, along with a focus on the quality and safety of services to patients.

There was, however, a difference between the management team available on site during weekends as opposed to weekdays. In particular, a reduced number and range of clinical and management grades. Whilst there is an on call system for senior managers and senior clinicians during this time, the health board should ensure that management arrangements at weekends are sufficient to maintain the delivery of safe and effective care.

We found the directorate had appropriate systems to record, monitor and review clinical incidents, with supportive input from a range of professionals. This meant there were mechanisms in place to learn from incidents and to reduce the risk of incidents recurring.

Examination of a sample of patient records throughout the directorate and discussions with staff and patients/parents revealed the emphasis placed on a collaborative approach to effective discharge planning. For example, we found that the hospital staff had created good links with community based health and social care professionals in order that patients and their families could be supported following discharge.

6. Next Steps

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

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

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

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

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



Dignity and Essential Care: Improvement Plan

Hospital: Royal Glamorgan and Prince Charles Hospital

Ward/ Department: Women and Child Health Directorate

Date of inspection: 28 and 29 June 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>More recently, as part of the £7.6m WAG funding available for CAMHS services, Cwm Taf UHB are currently preparing their plan on how they intend to utilise their allocation of funding to submit to Welsh Government for approval on 27th August 2015. This will include 2 WTE Band 7 and 2 WTE Band 6 Crisis Liaison Nurses in support of A&E, Paediatrics and General services. This will improve the services in the future by providing a dedicated team with improved access for support and advice and to provide training to all staff in addition to the prompt assessment of patients as and when required, including crisis situations.</p>		
13	<p>The health board is required to describe the action to be taken to address the infection, prevention and control findings identified during this inspection:</p> <ul style="list-style-type: none"> We found boxes of sterile supplies stored 	<p>All boxes of sterile supplies are now stored off the floor on appropriate surfaces or in cupboards.</p>	Senior Nurse	30 August

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>directly at floor level (SCBU, PCH)</p> <ul style="list-style-type: none"> We saw a ward bathroom which contained mouldy grout and chipboard boxing around the toilet, which was porous and permeable (Ward 21 PCH) The ward kitchen (Ward 21 PCH) was water damaged, with swollen and stained chipboard on kitchen cabinets which made the area difficult to clean 	<p>Environmental checks are carried out on a weekly and ad-hoc basis to ensure compliance and when supplies are delivered they are not placed on the floor.</p> <p>Feedback with regards to compliance is given to staff via team meetings</p> <p>Reported to Head of Estates, immediate response given and work in progress, due to be completed before the end of August.</p> <p>Hotel services will ensure there is weekly checking of toilet / bathroom areas. Feedback to ward managers.</p> <p>Reported to Head of Estates, immediate response given and work in progress, due to be completed before the end of August.</p> <p>Regular audits are undertaken by the Hotel Services Team to ensure cleanliness & that the areas are in good repair. Feedback to ward managers.</p>	<p>Unit Manager All Staff</p> <p>Head of Estates</p> <p>Hotel services</p> <p>Head of Estates</p> <p>Hotel Services Supervisors</p>	<p>2015</p> <p>30 August 2015</p> <p>30 August 2015</p> <p>30 August 2015</p> <p>31 July 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> We found Inconsistent arrangements in place for the regular cleaning of toys (Wards 17 and 18 RGH). 	<p>There is a Guideline in place for the cleaning of toys for Ward 17 & 18 and all staff have been reminded of this.</p> <p>The guideline is currently being reviewed by the Senior Nurse. The updated guideline will apply to all areas and all staff will notified of the updated guideline so that practice is consistent in the future..</p>	<p>Senior Nurse Ward Managers</p>	<p>30 August 2015</p> <p>31 October 2015</p>
13	<p>The health board should consider the arrangements in place for supervising the hot food trolley. This is to ensure and protect the safety of patients and visitors.</p>	<p>Risk assessment score < 8. Within Maternity, the majority of patients are well and fully mobile and are invited to come up to the food trolley, make their selection and take their food tray to their bedside. The food trolley should remain under the supervision of the housekeeper at all times. Women who are immobile may be assisted by their partner/relative (with open visiting for partner/significant other) to collect their food choice from the trolley or the midwife responsible for their care. Visiting times for other relatives and children have been adjusted to ensure they</p>	<p>Ward Manager</p>	<p>31 July 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>end prior to meal times and the arrival of the food trolley to reduce the number of visitors within the unit and to protect their safety, particularly in relation to visiting children/siblings.</p> <p>No Health and Safety incidents have occurred in relation to this issue</p>		
15	<p>The health board is required to describe the action taken to address the medicines management issues identified during this inspection:</p> <ul style="list-style-type: none"> Staff were not documenting the administration of prescribed oxygen in the paediatric wards at RGH (this was discussed with the ward manager during our inspection and corrective action taken in a prompt manner) 	<p>The All Wales Paediatric Medication Charts have recently been updated to include the prescribing of Oxygen. This is to be rolled out to all Paediatric Wards across Wales. Cwm Taf UHB are in the process of implementing this on the children's wards, and this includes providing additional training and education for all staff. Training records will be maintained and this will be included in the Doctors Induction Programme . In the interim period, prior to the launch following the training day in September the administration of prescribed oxygen is documented in the</p>	<p>Clinical Director</p> <p>Head of Nursing</p> <p>Senior Nurse</p> <p>Ward Managers</p>	<p>30 September 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li data-bbox="241 619 898 1209">• The electronic prescribing system did not allow staff to undertake a bedside check of the patient's identity against the medication administration record at the point when prescribed medicines were being given to the patient (SCBU, RGH). This could lead to errors in administration of medication. Discussions with staff confirmed that no such errors had taken place. However, HIW made further contact with the health board about this matter on completion of the inspection visit to ensure that current medication management guidelines were reviewed with the support of pharmaceutical staff <li data-bbox="241 1257 898 1326">• Staff could not access the current health board medicines management policy at 	<p data-bbox="920 368 1608 517">medical records. This includes any adjustment made in response to the varying oxygen saturation levels as detailed in the patient's plan of care.</p> <p data-bbox="920 603 1509 671">The Guideline is being reviewed jointly by Neonatal and Pharmaceutical staff.</p> <p data-bbox="920 1262 1608 1331">The Medicines Management Policy is available for all staff on Sharepoint. This was checked by</p>	<p data-bbox="1727 555 1921 699">Senior Nurse Pharmacy Lead</p> <p data-bbox="1727 1273 1921 1299">Senior Nurse</p>	<p data-bbox="1957 608 2123 735">30 September 2015</p>

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	<p>ward level (SCBU, PCH). This meant that they did not have access to relevant information to support them in their work</p> <ul style="list-style-type: none"> • There were instances when the controlled drugs book was not being signed by two members of staff in accordance with the existing health board medicines management policy (Ward 21 PCH). This meant that there was a potential for error • The control drugs book was not being checked daily, in accordance with health board policy (Ward 21 PCH) 	<p>the Senior Nurse the day following inspection. All staff have been reminded of how to access Policies, Procedures and Guidelines in team meetings and newsletters and this will be monitored in their PDR..</p> <p>All staff reminded of the correct procedure in line with the Medicines Management Policy and NMC Standards for Medicines Administration. Memo circulated to all staff via E mail. Memo placed in all clinical areas and also included on handover Safety Briefing.</p> <p>.</p> <p>A Spot check was undertaken out of hours by the Senior midwife on 4th August 2015. All procedures were reviewed and assessed as compliant with the Medicines Management Policy and assurance received. Ongoing monitoring and spot checks will continue on a regular basis.</p>	<p>Ward Managers</p> <p>Head of Midwifery</p> <p>Senior Midwife</p>	<p>July 15</p> <p>31 July 15</p> <p>4 August 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> There were occasions when controlled drugs were not being checked by two midwives prior to administration 	<p>Non compliance with the Medicines Management Policy will be reported to the Senior Midwife and Supervisor of Midwives, Datix Reported and investigated and dealt with as required.</p> <p>A Medicines Management lecture delivered by the Pharmacy Lead has been added to the Mandatory training programme from September 2015 which all staff are required to attend. Training records will be maintained to monitor attendance.</p> <p>Trends relating to medication incidents are part of the Risk management update session as part of the mandatory training programme and are included in the monthly Risk Newsletters.</p> <p>Supervisor of midwife / Managers/Obstetric leads for education will ensure staff are familiar with the HB Medicines Management Policy and the NMC Standards for Medicines Administration as part of the ASR / PDR.</p>	<p>Ward managers</p> <p>Supervisors of Midwives</p> <p>Education Leads</p> <p>Senior Nurse/Ward Managers</p> <p>Senior Midwife</p> <p>Ward Managers</p> <p>Supervisors of Midwives</p>	<p>8 September 2015</p> <p>31 July 2015</p> <p>August 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • The medication room door was unlocked at Ward 21 PCH • There was no lock on the medication room door (Ward 31 PCH). The room could therefore be accessed by unauthorised persons and contained items that could pose a risk to children 	<p>New codes for the locks have been placed on all medication room doors. A spot check has been undertaken and doors are observed to be locked at all times. Monitoring will continue as part of the regular spot checks</p> <p>This has been reported and discussions are ongoing with Estates and Security regarding the most suitable lock for the doors. The Senior Nurse has concerns as the room needs to be accessible in an emergency situation, therefore discussions are taking place regarding the most secure lock which will also allow ease of access for staff in an emergency. The Directorate is considering a swipe fob system. Once agreed, costings will be finalised and the system installed. Until the system is installed the doors are kept closed with staff remaining vigilant on who enters the rooms. There have been no incidents regarding a risk to children having access to these rooms.</p>	<p>Head of Estates</p> <p>Head of Security</p>	<p>31 July 15</p> <p>November 2015</p> <p>31 August 2015</p> <p>Summer 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li data-bbox="241 544 864 695">• Fridge temperatures were not being monitored daily on Ward 31 PCH. This means that the integrity of medication stored in that area may be compromised <li data-bbox="241 879 891 1075">• We saw that the controlled drugs cupboards in Ward 21 PCH and the paediatric wards at RGH were made of chipboard, rather than metal. This was not consistent with good practice <li data-bbox="241 1187 846 1339">• The door to the medication room was unlocked and syringes were accessible (children's day ward/assessment unit PCH). The medication within that room 	<p data-bbox="920 384 1592 616">The Department was awaiting a new fridge and reported this to the Inspector. The new fridge has now been delivered and daily temperature checks recorded and monitored. Compliance with daily monitoring is included in the weekly checks undertaken by the Ward Managers</p> <p data-bbox="920 695 1608 1007">Reported to Estates Department. This issue is found across all older clinical areas. There will be a planned refurbishment programme commencing Autumn 2015 in line with the South Wales Programme where the installation of suitable controlled drugs cupboards is included. No incidents have been reported related to the current cupboards.</p> <p data-bbox="920 1031 1603 1342">This has been reported and discussions are ongoing with Estates and Security regarding the most suitable lock for the doors. The Senior Nurse has concerns as the room needs to be accessible in an emergency situation, therefore discussions are taking place regarding the most secure lock which will also allow ease of access for staff in an emergency. The Directorate is</p>	<p data-bbox="1720 384 1917 512">Senior Nurse Ward Managers</p> <p data-bbox="1720 703 1872 791">Estates Pharmacy</p> <p data-bbox="1720 1094 1917 1214">Senior Nurse Ward Managers</p>	<p data-bbox="1953 384 2141 416">30 July 2015</p> <p data-bbox="1953 719 2107 847">30 November 2015</p> <p data-bbox="1953 1094 2107 1126">31 July 15</p> <p data-bbox="1953 1206 2063 1238">July 15</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>was, however, noted to be secure and locked</p> <ul style="list-style-type: none"> • We found a small stock of out of date blood specimen (culture) bottles at PCH children's day ward/assessment unit. This meant that there was the potential for inaccurate blood test results if they were to be used. This was brought to the attention of staff so that they could be removed from the clinical area and replaced • There was a lack of space generally and 	<p>considering a swipe fob system. Once agreed, costings will be finalised and the system installed. Until the system is installed the doors are kept closed with staff remaining vigilant on who enters the rooms. There have been no incidents regarding a risk to children having access to these rooms.</p> <p>The Ward Manager has checked all blood specimen bottles for dates, no further out of date bottles found. Nursing staff will undertake weekly stock checks which will include the expiry date of all blood specimen bottles.</p> <p>The Maternity Day Assessment Unit (Antenatal Day Unit) has not been set up to support the preparation of medicines .Midwives working in this area have been reminded that drugs should not be prepared in this environment as many are</p>	<p>Ward Manager</p> <p>Ward Manager Band 7 Midwives</p>	<p>30 June 2015</p> <p>30 June 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>the absence of a dedicated surface for the preparation of medicines within PCH antenatal day unit</p> <ul style="list-style-type: none"> We found a broken lock on a drug cupboard (Ward 17 RGH). This issue was however resolved during the inspection. 	<p>intravenous infusions and a 2 Midwife procedure. The area is staffed with 1 Midwife. The procedure in place is for the Midwife to go to Ward 21 to obtain, check and prepare any medication in the clinical room available there.. This has been communicated to all staff and will be monitored by the Ward Manager.</p> <p>Band 7 midwife to monitor compliance with this.</p> <p>Reported and repaired during inspection.</p>	<p>Ward Manager</p>	<p>30 June 2015</p>
17	<p>The health board is required to describe the action taken to address the record keeping issues identified during this inspection.</p>	<p>Email has been sent to all Consultant Obstetricians and Paediatricians to raise awareness and share with their teams. This relates to the required standards of documentation and legibility of entries, including print and designation alongside their signature.</p>	<p>Clinical Directors Head of Midwifery/ & Nursing</p>	<p>20 August 2015</p>

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		<p>This aspect is included in the regular documentation audits conducted in both Paediatrics (Paediatric Trigger Tool Audit) and Maternity which is fed back to the teams and presented at the Audit meetings with actions as required. Non-compliance will be addressed by the academic supervisor. Paediatric medical staff have been issued with signature stamps. This is being considered for the Obstetric teams.</p> <p>WRP are holding workshops in RGH & PCH on 28/29th October in relation to documentation and incidents/concerns/claims to which all Obstetric & Paediatric staff have been invited.</p> <p>Documentation is included in the annual mandatory training for all midwives, including the importance of care planning, specifically in relation to the postnatal period for women with complex pregnancies and specific risk factors.</p> <p>The newly developed Care Pathway for Mothers and Babies was developed following much consultation and benchmarking across Wales, having been identified as an area for improvement in Cwm Taf UHB following a clinical</p>	<p>Senior Nurse Senior Midwife Risk Manager</p> <p>Senior Nurse Ward Manager</p>	<p>28 & 29 October 2015</p>

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		<p>incident in 2014.</p> <p>The booklet was launched in March 2015 and allows for detailed care planning and contemporaneous documentation on handover of care between professionals and Hospital/Community and this aspect will be reinforced in the updated Mandatory Training programme from September 2015.</p> <p>Audit to monitor effectiveness / compliance of the pathway to be completed.</p> <p>The format of care plans on the Children's wards is currently under review with the aim to make improvements in support of individualised care</p> <p>The Children's Wards are also participating in the annual FOC Paediatric Audit in October 2015</p> <p>A Neonatal record keeping audit was completed in August and will be represented in the November Audit meeting.</p>	<p>Band 7 Midwife lead</p> <p>Ward managers</p> <p>Senior Nurse</p> <p>Ward managers</p>	<p>31 December 2015</p> <p>September 2015</p> <p>October 2015</p> <p>November 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		All care assessments on the Children's Wards will be reviewed on a daily basis and updated as required. This will be included in the monthly Paediatric Trigger Tool Audit		
17	The health board is required to describe how it will ensure that patients receive timely assessments following referral to speech and language therapy services.	<p>There is no ward based service for speech and language therapy, however referrals are dealt with by the community team with a target of assessment within 72 working hours of referral. If the child is too unwell to participate in assessment then the intervention is delayed until they are well enough. If the problem is an ongoing enduring problem with no safety issues identified these patients will be offered an out patient appointment at a location nearest their home post discharge.</p> <p>The Ward Manager reports no problems with timely referrals and assessments from the SALT team who often attend the ward during clinic slots or after clinic or the following day as requested.</p> <p>There are no breaches in Cwm Taf UHB with regard to Referral To Treat times for SALT in line with good practice. There are good waiting list management processes and equity of access for</p>	Head of Therapies	August 2015

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		all patients.		
	Quality of Management and Leadership			
	There were no areas identified for improvement.			

Health Board Representative:

Name (print):

Title:

Date: