



Hospital Inspection

(Unannounced)

Cardiothoracic Surgery Ward

West 6, University Hospital

Llandough, Cardiff and Vale

University Health Board

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2022

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

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. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Cardiothoracic Surgery Ward (also known as West 6) at the University Hospital Llandough, within Cardiff and Vale University Health Board on the 1 and 2 March 2022.

Our team, for the inspection comprised of two HIW Inspectors, two clinical peer reviewers and one patient by experience reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. Staff were focussed on care of the patients and patients felt well cared for and looked after. Patients told us that they held staff in very high esteem and felt supported by staff interventions.

Staff were maintaining skilled and compassionate care in challenging circumstances. Staff were cheerful and welcoming during our inspection.

The staff appeared to be well led and this reflected on the care of the patients.

However, we found some evidence that the ward was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Feedback from patients about the services they had received was very positive
- Good interactions were observed between staff and patients, with staff supporting patients in a dignified and respectful manner
- Staff were providing patients with safe and effective care
- Good medicines management
- Staff were mainly positive in their feedback about their immediate and senior managers
- Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

This is what we recommend the service could improve:

- The general layout and security of the ward to improve visibility of patients and storage of equipment and items

- Ensuring the resuscitation trolley is available at all times, unobstructed and conveniently located on the ward
- Mandatory training and appraisal compliance.

3. What we found

Background of the Service

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK. It is a teaching health board with close links to the university sector, and together they provide training for healthcare professionals.

The health board employs approximately 14,500 staff, and spends around £1.4 billion every year on providing health and wellbeing services to a population of around 472,400 people living in Cardiff and the Vale of Glamorgan. It also serves a wider population across south and mid Wales for a range of specialties, and provides acute, primary care, community, and mental health and learning disability services to adults and children. These services are provided through acute, general and community hospitals, health centres, GP's, dentists, pharmacies and optometrists.

University Hospital Llandough (UHL) is a district general hospital in the village of Llandough, just outside Cardiff. It has approximately 400 beds and offers a range of services, including stroke services, mental health services and orthopaedic services.

The cardiothoracic surgery ward was moved to the hospital on a temporary basis in June 2020 in order to maintain elective activity during the COVID-19 pandemic. This was because of the inability to maintain a green pathway for this type of surgery within the University Hospital of Wales (UHW). The benefit of the move to UHL enabled the establishment of a green pathway with access to a minimum of two theatres. Additionally this would create a designated nursing and medical workforce for green surgical areas in line with the Royal College of Surgeons published guidelines on 30 April 2020. The pathway minimised the risk of being exposed to COVID-19, but requiring strict isolation for patients prior to surgery. It provides a secure and safe pathway for surgical patients.

The cardiothoracic surgery ward is co-located with the cardiothoracic intensive care unit (CITU) as well as the relevant theatres. The CITU had eight beds including a four bed high dependency unit¹.

The ward had 24 beds split into; six single cubicles; two, two bed units; and a 14 bed nightingale ward split into eight beds for female patients and six beds for male patients.

A multidisciplinary team work on the ward including, consultants, medical and nursing staff, physiotherapists and occupation therapists as well as administrative and ancillary staff.

¹ A high-dependency unit is an area in a hospital, usually located close to the intensive care unit, where patients can be cared for more extensively than on a normal ward, but not to the point of intensive care.

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.

Overall, feedback from patients about the services they had received was very positive. Patients we spoke to during the course of the inspection expressed satisfaction with the care and treatment received on the ward.

Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We observed that staff were very caring and attentive, listened to the patients and allayed any anxiety and fear that patients had with the surgery.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 13 responses were completed. Not all respondents answered all of the questions. We also spoke to four patients and four families or carers of patients during the inspection. The majority of responses indicated a positive patient experience for this setting. Patient comments included the following:

"I'm totally happy at the hospital I get an excellent service many thanks to all"

"Faultless"

"Everything on the ball"

"Overall excellent"

"Very delighted, great service, great job"

HIW also issued an online survey to obtain staff views on cardiothoracic services at UHL. In total, we received 16 responses from staff at the hospital. Not all respondents answered all of the questions.

Staying healthy

Health Protection and Improvement

We noted a board titled 'read about me' on the ward, including advice on healthy eating, vision and hearing, safe mobility, continence and nutrition. We were also told that patients were given information on discharge about how to care for themselves and there were leaflets, which were not displayed, available to be taken home to read.

Patients we spoke to said that they felt they were encouraged to maintain their independence as far as possible. One patient we spoke to said that they now know how their previous lifestyle had resulted in their condition and would make different choices in the future.

Dignified care

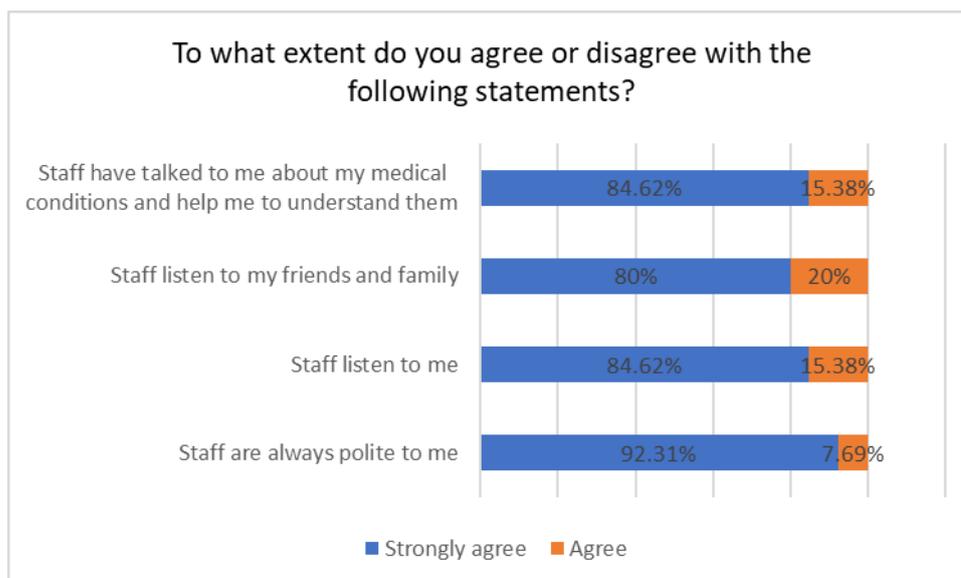
Patients were asked in the questionnaire to rate their overall experience of the service. All 13 rated the service as 'very good'. Patients were asked in the questionnaires how the setting could improve the service it provided. Some comments received are shown below:

"Sometimes I'm told I will go home but it doesn't happen."

"The ward needed brightening up as sometimes difficult to know night from day with tinted windows and lights on as dark in ward"

"More in-room wash basins and mirrors for washing and shaving, etc. would relieve pressure on staff"

We asked patients a series of questions relating to staff, their responses were as given below:



Staff were discreet and sensitive when speaking to patients and respected patient privacy when giving personal care. We saw curtains around patients beds being closed when necessary, including when staff were speaking to patients.

In order to create both male and female wards on West 6, a Nightingale style ward had been divided into two parts. The male ward was situated at the end of the ward and male patients had to walk through the female ward to access the toilet or bathing facilities.

All 16 staff said patients' privacy and dignity was maintained. Fourteen said patients and their relatives were always or usually involved in decisions about their care, and two said they sometimes were. All 16 staff said patient independence was always or usually promoted.

A number of thank you cards were noted on the corridor walls that reflected how kind and sensitive staff were to patients.

We observed staff being discreet when administering personal care, patients were given the option of how to meet their toileting needs. This included staff treating patients with respect and kindness and they were welcoming and courteous. Various adjectives were used by patients to describe staff including:

“Marvellous”

“Fantastic”

“Phenomenal care”

Whilst the ward appeared clean with evidence of cleaning in progress and suitable signage to warn of the wet floor, there was a sense of clutter in some ward areas due to a lack of storage facilities. It was difficult to manoeuvre down

the corridor at times especially for patients with mobility issues. However, patients we spoke with did not say that this was an issue, the space around the patient beds were clutter free and the call bells were placed within easy reach.

There were no curtains or blinds on the windows in parts of the ward to protect the dignity of patients from being viewed by anyone passing the ward. We were told that these were on order.

Improvement needed

The health board must ensure that they:

- Improve the layout of the ward, so that male patients are not walking through female patient areas, to ensure the dignity of all patients is maintained
- Provide additional storage facilities to significantly reduce the clutter on the ward.

Patient information

Eight of the 13 patients who responded said they were able to speak to staff about their procedure or treatment without being overheard by other people and five said they were not. All 13 respondents told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

Staff we spoke with were aware of the need for discretion in communications about personal information with patients. If the patient wanted to speak to staff in private, the doctor's office was available. We observed staff speaking to patients in a quiet tone and they were aware of the need for discretion.

Patients we spoke with also felt that they had been included in the discussions and given explanations on the treatment and had been treated with respect. This included being offered an individual room to discuss a concern in private when they had been upset. One patient referred to a member of the nursing staff helping them regain their independence through encouragement and that they had a great respect for this member of staff.

There was not a hearing loop² on the ward which meant that patients who were hard of hearing may not be able to fully understand the treatment and care being given.

Improvement needed

The health board must ensure that measures are put in place to enable all patients are able to understand the treatment and care given in full.

Communicating effectively

All 15 patients who responded said that English was their preferred language. The majority of patients said they were asked to state their preferred language. The majority of patients also said that there were arrangements in place to meet the needs of patients whose preferred language is Welsh, although three said there were not.

We noted members of staff who could speak Welsh wore the uniform with the 'Cymraeg' logo sewn on, to indicate to patients that they could speak Welsh to them if they wished. There were also facilities in place to provide a translator if required.

We spoke with four families of patients by telephone and they said they found it difficult at times to communicate with the patient. One family said that staff were happy to pass the phone to the patient when needed and they found the contact reassuring. Visiting had not been allowed due to the COVID-19 restrictions and the need to maintain the environment as a green zone. However, the family said that they had been kept well informed and updated by staff whenever the patient was moved and if there had been any change in their condition. One family we spoke with said that staff had been very helpful, including meeting them outside the ward to allay their distress as the patient was an emergency admission.

Patients we spoke with said that they felt they had been given sufficient information in a way they could understand. They said they felt supported throughout the procedures and were able to make decisions accordingly. They

² A hearing loop (sometimes called an audio induction loop) is a special type of sound system for use by people with hearing aids. The hearing loop provides a magnetic, wireless signal that is picked up by the hearing aid when it is set to 'T' (Telecoil) setting.

said that all staff had been very kind and very helpful. One patient expressed the comfort they had from knowing that staff had spent time talking with their family. Families also stated that they were appreciative of the level of communication offered and felt involved in the decision making. One family stated that they were reassured to have been able to speak to staff nurses, senior nurses, doctors, surgeons and anaesthetists.

Whilst there was bilingual signage in the main corridor, there was little evidence of Welsh translation on the signage in the ward. Additionally, there was not information displayed about the staff on the ward such as a Who's who board. The health board must install a Who's who board on the ward so that patients, relatives and carers can identify staff, and ensuring that information is displayed in Welsh as well as in English.

Improvement needed

The health board must ensure that:

- Arrangements are in place to provide written information on displays and signage in Welsh, on an equal basis with English
- A Who's who board is installed on the ward.

Timely care

Timely access

When patients needed help, patients we spoke with said that staff responded in a prompt and timely manner. All 13 patients who completed the questionnaire agreed they always had access to a call bell to make staff aware they required their attention. All bar one of patients who answered the question agreed that when they use the call bell, staff come to them, and one answered 'not applicable'. The ward appeared very busy during our inspection but we observed good staff interactions with patients and good team work amongst staff.

We believe from our observations that the visibility of some patients may be restricted due to the layout of the ward, that being said, patients linked to the relevant equipment would be monitored at the nurses station. We also noted some staff who stayed at the far end of the ward with the patients. Additionally, whilst the main doors to the ward were able to be locked with code access from the outside and push button access from the inside, we did note that the doors could be opened without using these methods.

Improvement needed

The health board must ensure that:

- The layout of the ward is improved to ensure visibility of all patients on the ward
- Access and exit doors are secured and in good working order.

Individual care

Planning care to promote independence

All but one of the patients who responded to the questionnaire agreed that when they need to go to the toilet, staff gave them a choice about the method they use, and one answered 'not applicable'. All applicable patients agreed that staff helped them with toilet needs in a sensitive way, so that they don't feel embarrassed or ashamed. We also noticed an instance where the multi-disciplinary approach was evident, when a patient was helped to meet their toileting needs by a physiotherapist.

There were arrangements in place to ensure that Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR)³ were discussed. We were told that medical staff would talk to the family and the patient in private, with nurses acting as advocates for the patients and families. The status of patients with a DNACPR would be discussed on safety briefs and on handovers of staff. There were no DNACPR patients on the ward at the time of the inspection.

We also noted that despite the fact that patients had undergone major surgery, they appeared to be happy, comfortable, mobile and well managed. Patients were encouraged to be active and given the relevant equipment to walk and move. The physiotherapists we saw on the ward were supportive and saw the patients on a daily basis. There were also occupational therapists noted on the ward and there was evidence of a multi-disciplinary team (MDT) approach to the care and rehabilitation of patients.

³ DNACPR means if your heart or breathing stops your healthcare team will not try to restart it.

We checked a sample of four patient care records from those on the ward currently. The care given was documented clearly in the patients care plans. Care plans were based on an individualised patient need and all relevant individual needs were identified. There was clear evidence of transfer of care and discharge planning, MDT input and a pre-discharge checklist were used. Details about the home environment were taken at a pre-operative assessment to facilitate discharge planning. Care was planned in a way that promoted independence; the goals reflected the importance of returning to independence post operatively.

People's rights

The majority of patients who responded said they felt they could access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). No respondents reported discrimination when accessing or using this health service (on the grounds of any of the protected characteristics).

Visiting was limited at the time of the inspection, with only end of life patients being allowed visitors. We were told that patients could phone and video call their relatives or carers. We were also told that visitors had come to the windows outside the ward to see relatives if they had been in the ward for some time. However, we were told that the iPad that had been available on the ward for patient use to contact relatives or carers was missing.

Patients we spoke with appeared to accept the fact that visiting was not allowed but had found this very difficult emotionally. Additionally, patients said there was a lack of televisions to prevent the boredom on the ward. Patients said that staff had done all they could to limit the impact of this emotional distress and were empathetic and kind to both patients and family members. One patient stated that staff had spent time sitting and talking to them and had found this reassuring.

Families we spoke with were also finding it difficult not being able to visit the patient but had felt that staff had supported them with this. However, they said they were advised to call the ward whenever they wanted and had been given the direct line to the ward.

Improvement needed

The health board must ensure that patients are given additional access to internet compatible equipment to enable them to contact their relatives or carers.

Listening and learning from feedback

Twelve staff respondents agreed that patient experience feedback was collected within their directorate or department and four did not know. They said they received regular updates on patient user experience feedback, two said they did not and two did not know. Ten respondents said feedback from patients was used to make informed decisions within their directorate or department and six did not know.

Staff we spoke with were not aware of any recent or current complaints and said they would assist people if they wanted to complain. They said that patients were general complimentary, with the main issue being the lack of visiting.

Staff also said that if there was a concern or complaint they would try to deal with the issue on a ward level whilst the patient was still in the hospital. The issue would also be record in the patient notes. They further added that if the patient wished to go further that the Putting things Right⁴ leaflet was available on the ward. We did not see this leaflet on display in the ward, nor did we note any reference to Community Health Councils.

We noted a 'How we are doing' board outside the Cardiothoracic Intensive Care Unit (CITU), which was co-located with the ward, which referenced issues raised and staff responses. The board included reference to a patient who had raised a concern about the noise levels at night due to the bins opening and shutting. In response, the board showed that staff had arranged for ear plugs, eye masks and bins with soft closing lids to be put in place.

Improvement needed

The health board must ensure that information is displayed on the ward and available to patients on how they can make a complaint.

⁴ <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

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 noted efficient and effective arrangements were in place for medicines management and mandatory checks were completed on resuscitation equipment. We found that staff were committed to providing patients with safe and effective care.

The care records were completed to a good standard. The records showed why decisions had been made, they were clear and up to date, written at the same time and easy to read.

The wards were well maintained, clean and tidy, and arrangements were in place for infection prevention and control. However, the ward was cluttered due to a lack of storage space.

We noted some improvements including security of the ward and security of the patient records.

Safe care

Managing risk and promoting health and safety

Staff we spoke with were able to describe the process in place to report incidents, including significant incidents. This included the reporting of the incidents on Datix, the electronic incident report system. The incident would be investigated and then once complete there would be an action plan put in place and shared learning from the incident.

We were provided with a briefing note submitted to the health board strategic management group. This related to the requirement to temporarily relocate cardiothoracic surgery to UHL to maintain elective activity during the pandemic. The briefing note included an assessment and risk implications. The benefits with the UHL site included enabling the rapid establishment of a green pathway with access to a minimum of two theatres and reinstating cardiothoracic surgery in a robust manner. The risks and mitigations were also listed.

There was also a risk assessment form relating to the temporary relocation of cardiothoracic surgery to UHL in order to maintain elective activity during the pandemic. One of the controls listed was having cross-site working implemented

on days where there were requirements for a permanent pacemaker post operatively. We were told there was a risk in having to move patients between the ward at UHL and UHW, where necessary, this included the acuity of the patient and whether a vehicle was available. This was mitigated in having qualified relevant staff available to accompany the patient on the journey. This was also part of the risk versus benefit of the move to UHL.

The ward was accessible and easy to find with disabled access and facilities for people with mobility difficulties. The environment appeared clean. There was signage evident in the main ward area, but many signs appeared to be temporary paper signs, mainly in English. Each bed appeared to be well equipped with an armchair in a good state of repair.

The cleaners' cupboard had a safety lock and flammable liquids and alcohol gel were kept in a special cupboard. During the inspection, we noted that the cupboards storing cleaning solutions (yellow COSHH cupboard) in the sluice was open and included cleaning tablets that would cause harm if ingested.

Improvement needed

The health board must ensure that the cupboards storing cleaning solutions (yellow COSHH cupboard) in the sluice is locked to prevent access or that items that could cause harm if ingested are removed from the cupboard.

Preventing pressure and tissue damage

The sample of four patient care records reviewed, confirmed that pressure area risk assessments had been completed using a recognised nursing assessment tool. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure damage. There were monitoring records that showed that patients had been assisted or encouraged to move their position whilst in bed, or in an armchair, regularly. We also saw staff assisting and encouraging patients to move around the ward environment. These interventions help to reduce patients developing pressure ulcers.

We also spoke with a member of staff who was able to describe the assessment and regular reviews, as well as when to refer to the tissue viability nurse.

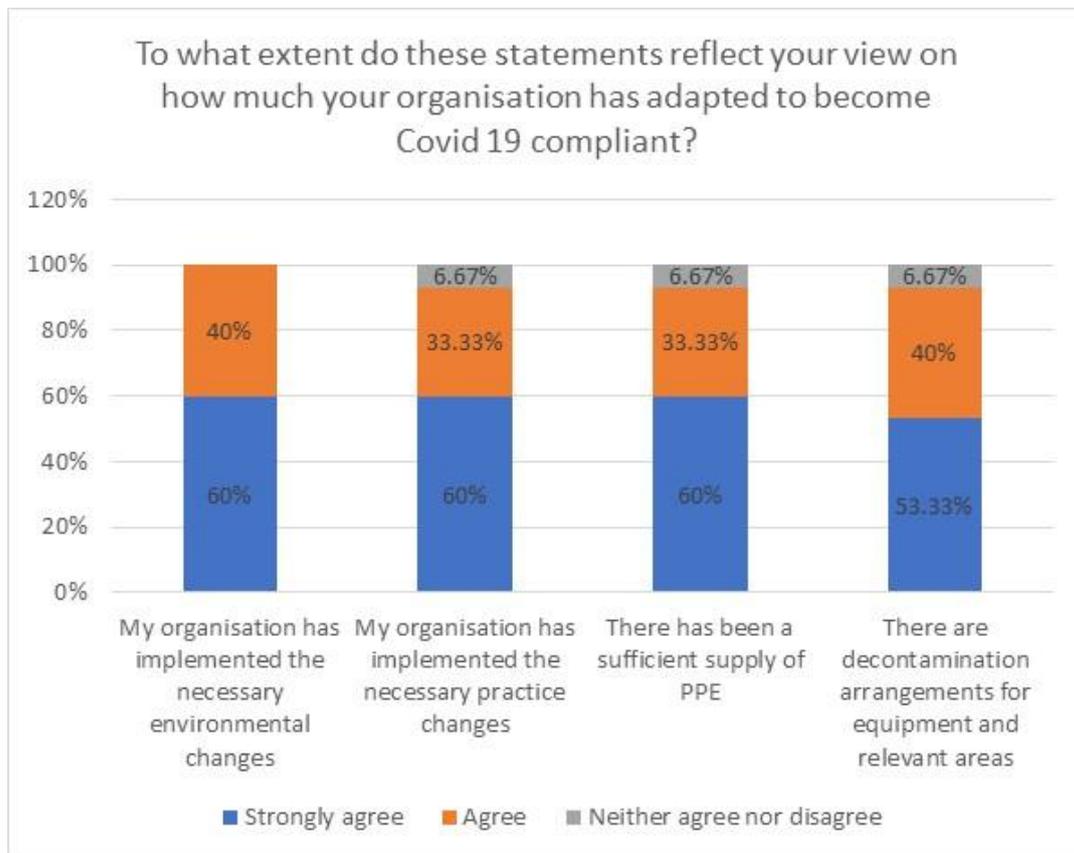
There were pressure relieving mattresses available with the relevant pumps to reduce the possibility of pressure and tissue damage.

Falls prevention

From the sample of patient care records, we found that assessments were undertaken on admission to the wards, to help reduce the risk of falls. There was also a frailty team and a specialist falls team available for advice and interventions at the main hospital. The assessments were clear and completed well, the use of bed rails were also documented well. We were told that falls audits are completed that showed 100 percent compliance.

Infection prevention and control (IPC)

All 13 patients who responded indicated that the setting was very clean and that COVID-19 infection control measures were being followed where appropriate. All bar two staff who responded said IPC procedures were always or usually followed and two said they sometimes were. Fifteen staff answered questions about COVID-compliant infection control as follows:



One member of staff commented:

“Deliveries are not as frequent in Llandough as they are in University Hospital of Wales. We mostly have a good supply of PPE, but orders for other stock can sometimes take up to a week or more to be delivered. It’s not as easy to lend from other wards due to being a green zone. There

are certain days/times we can order PPE for next day delivery, which is good.”

We saw that PPE was accessible, appropriately stored and changed between patients. Correct staff hand hygiene was seen and all patients had hand gels by their bedsides. Shared equipment and reusable medical devices were decontaminated appropriately.

The ward appeared to be in a good state of repair to enable effective cleaning. The bathrooms and toilets appeared to be clean. There were amber cubicles available for isolation of patients as required. We noted that sharps boxes were disposed of appropriately. We also saw domestic staff regularly cleaning the ward and the ward appeared clean. We were provided with evidence of the All Wales Monitoring Tool for Cleanliness - Credits 4 Cleaning⁵, which showed over 98 percent compliance for the ward.

Staff we spoke with had a good understanding of infection control and how it affected their role. They also knew how to access the infection control policy. Furthermore, they were able to describe their hand hygiene regime and what to do following a needle stick injury. Whilst the ward had opened during the pandemic, we noted that all staff wore masks and appropriate PPE and we saw staff donning and doffing⁶ PPE appropriately. We also noted that staff used the appropriate protocol and PPE when there were aerosol generating procedures (AGPs)⁷.

Patients were required to self-isolate for ten days prior to surgery and were given a rapid result test on admission to check for COVID-19. We were told there had not been any healthcare acquired infections on the ward. The one case that had occurred in the last three months was investigated and found to be acquired in the community.

⁵ <http://www.wales.nhs.uk/sites3/Documents/254/2011%20Issue%2012%20FM%2002.pdf>

⁶ Donning – putting on personal protective equipment (PPE); Doffing – taking off personal protective equipment (PPE)

⁷ Aerosol generating procedures (AGPs) are defined as any medical and patient care procedure that results in the production of airborne particles (aerosols). AGPs can produce airborne particles <5 micrometres (µm) in size which can remain suspended in the air, travel over a distance and may cause infection if they are inhaled.

Whilst audit results for the CITU were displayed on the noticeboard near CITU, we did not see the results displayed for the cardiothoracic ward.

Improvement needed

The health board must ensure that audit results are displayed on the ward to give confidence to patients and staff on the cleanliness of the ward.

Nutrition and hydration

The sample of patient care records showed that a nutritional risk assessment had been completed for all patients within 24 hours of admission with a food record chart completed if required. Fluid balance charts were completed as necessary. There were clear instructions about fluid and diet that were regularly assessed. We noted clear guidance on the referral criteria to the dietician and a weight chart was maintained to monitor the plan. There was an integrated care booklet that included an oral care plan. A nutritional risk screening tool was used.

We observed catering staff serving the food to the patients, staff would inform the caterer of any issues. Food was served promptly and there appeared to be a good relationship between the catering staff and patients. We also noted that patients meals were covered prior to use.

There was a system in place to identify patients who needed assistance to eat. This included the use of red trays⁸. All staff were made aware on handover of any support that patients needed and to pass this onto catering staff as required. We also observed nurses asking new patients if they needed any assistance as well as staff giving assistance to patients if needed. There was a nutritional pathway in place, the adult nutritional risk screening tool, known as WAASP.

Discussions with patients and observation on the ward showed that water was provided to each patient as needed. There were clean water jugs on each table and in easy reach. All patients stated these were topped up as required. Many patients also had personal drinks in bottles nearby. Hot drinks were offered at various times throughout the day.

⁸ Red trays help nurses to easily identify who needs the most encouragement or assistance with eating. The red tray also indicates the patient is on a food record chart which enables the nursing staff to monitor the quantities of food eaten.

There was a menu choice for patients and there was a selection of foods on offer. Feedback regarding quality and portion size was mixed but all patients stated food was always hot. During observations of the mealtime most patients were independent with eating and drinking. Whilst there were no red trays visible, staff advised that at the time of the inspection, no one required assistance.

All 13 patients who responded agreed they had time to eat at their own pace, of whom eight agreed that staff helped them to eat if they need assistance and five answered 'not applicable'. Also 13 respondents agreed they always had access to water on the ward. Eight agreed that staff helped them to drink if they need assistance and five answered 'not applicable'.

Medicines management

The same sample of patient care records were viewed to check the All Wales Drug Charts (the chart) and they had been completed correctly, in most cases. They were consistently signed and dated when drugs were prescribed and administered and all patient names and identities were recorded throughout the charts. It was clear what had been administered and there was no self-administration of medication, apart from insulin. Where prescribed medication was not administered, the reason was clearly recorded, in most cases. The following errors or omissions were noted:

- One chart without a fluid balance when an IV had been prescribed
- Not all medication refusals had been documented
- The prescription of oxygen had not been recorded on the front of the chart.

There were pharmacy technicians available throughout the day and there was a stock cupboard with drugs available out of hours. Additionally, other wards would transfer drugs where required.

There was a medicines management policy available online that staff could access. The medicines storage also showed that all drugs including controlled drugs were stored securely as follows:

- Fridge temperatures were checked on a daily basis
- The controlled drugs book was signed and checked on a daily basis
- There were regular stock checks by the pharmacist
- Fridges were locked when not in use.

There was a portable trolley used to dispense medicines with a keypad to keep it secured.

The checks of the resuscitation trolley were completed on a daily basis and all items on the trolley were in date. There was appropriate testing of equipment carried out. However, whilst the trolley was kept in the same place, due to the lack of storage facilities on the ward, access to the trolley was obscured by an ECG machine at times. This equipment could be easily moved when access was required, but would still delay access to the resuscitation trolley.

We were provided with a copy of the health board medicines management policy and the medicines code, both of which were overdue for review, both due in March 2021.

Improvement needed

The health board must ensure that:

- Medications records are completed in full
- The resuscitation trolley is available at all times, unobstructed and conveniently located on the ward
- All policies including the medicines management policy and medicines code are kept up to date and reviewed in a timely manner.

Safeguarding children and adults at risk

We were told that there were no patients on the ward that were subject to a deprivation of liberty safeguards (DoLS)⁹ or a protection of vulnerable adults¹⁰.

⁹ Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The Deprivation of Liberty Safeguards only apply to people who cannot make decisions about being in a hospital or care home to have care and treatment, this is called lacking capacity.

¹⁰ The Wales Policy defines a vulnerable adult as: "A person who is 18 years of age or over, and who may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or serious exploitation."

Capacity assessments would be undertaken and patients only subjected to DoLS if in their best interest.

Staff we spoke with were aware of the regulations and knew how to complete the relevant paperwork to keep patients safe. Staff were also aware of the organisation's policies and procedures for the safeguarding of children and vulnerable adults. Staff also stated that they could act as advocates for patients if required.

We saw evidence of the training that staff had received in safeguarding up to level 2 and the mental capacity act. The lead nurse for cardiothoracic services was the safeguarding lead for the ward. We were also told that the nurse educators who visited the ward managed the training of staff on safeguarding, including training days.

All patients we spoke with said they felt safe where they were and that staff were approachable and felt able to talk to them, if they were worried. Additionally, all families said that they felt their relatives were safe on the ward. We also observed and heard a handover from CITU onto the ward explaining that the patient may wander during the night and offered to provide an additional health care support worker to help. It was positive to note that staff worked well across the different areas and put the patients' best interest into consideration.

The sample of patient care records that we checked showed that mental health capacity assessments were in place on admission, with no mental capacity issues.

Blood management

We were told of the major haemorrhage protocol in place that ensured minimal blood components were used and only as needed to prevent wastage. We also saw that there were signs displayed relating to this protocol. Staff were supported by the surgical team on site and the practice educators educated staff on this protocol.

We noted that patient identification and blood component checks were carried out at all stages of the transfusion process. Two samples were taken and the cross matched sample was checked against the wristband.

The yellow card scheme¹¹ was in place to report events internally and to external bodies. In addition, if an event occurred, staff would report the event to the senior nurse and record the incident on Datix. We were also told that almost all staff have received additional training in the last 12 months on IV skills updates and blood transfusions.

Medical devices, equipment and diagnostic systems

We noted that the ward had the right equipment and medical devices to meet the needs of the patients, such as hoists, monitoring equipment and commodes. Pressure mattresses were also available on site with the relevant pumps. Staff we spoke with also believed that the equipment was adequate. The equipment held on the ward was checked and all maintenance and servicing was within date.

Staff were aware of the arrangements for reporting faults with equipment and stated that there were no delays in items being repaired. Equipment we saw was cleaned and staff said that the equipment was cleaned after use.

We were told that almost all staff had received training on the hoverjacks, for safe patient lifting, and pumps, such as IV pumps in use on the ward.

Effective care

Safe and clinically effective care

All 13 patients who responded in the questionnaire agreed staff were kind and sensitive when they carried out care and treatment, and provided care when they need it. All bar two staff who responded, said they always or usually had adequate materials, supplies and equipment to do their work and two said they sometimes did. The majority said there were always or usually enough staff working in the department to do their job properly. All bar one respondent said they were always or usually satisfied with the quality of care they gave to patients and one said they sometimes were.

¹¹ The Yellow Card Scheme is the UK system for collecting and monitoring information on suspected adverse reactions to all medicines including vaccines, blood factors and immunoglobulins, herbal medicines and homeopathic remedies, and all medical devices available on the UK market.

The staffing levels of nursing staff were discussed with senior management and they confirmed the numbers of staff that should be on duty by day and night. The nursing rotas for the period 21 November 2021 to 28 February 2022 agreed with these staffing levels. Bank and agency staff would be used to staff any shortfall identified. There was also a board in the staff office that showed how many staff were actually on duty and which beds had been allocated to them.

Staff we spoke with said that the staffing was manageable through working together as a team, making sure patients were comfortable initially and then allocating other jobs such as stocking the ward later. Staff were also able to demonstrate how to access relevant clinical policies and procedures and had access to the Nursing and Midwifery Council (NMC)¹² record keeping guidance for nurses.

Patients we spoke with said that staff were meeting their needs in a kind, courteous and skilled way despite significant challenges with the current environment.

We also noted that staff had a small aide memoire that was designed to be kept to hand on a key ring, to assist them in their role.

We noted a patient safety at a glance (PSAG)¹³ board on the ward corridor that could be seen by anyone passing by, the information included surname, whether they were for elective treatment, for transfer or in isolation. There was also a list of admissions, discharges and the daily theatre list on display. This clearly affects patient confidentiality. Whilst this information is important and gives staff relevant information they require, this should not be on general display.

Improvement needed

The health board must ensure that the patient identifiable information, including procedures, are displayed in areas where there is no public or patient access.

¹² The Nursing and Midwifery Council (NMC) is the regulator for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses, midwives and specialist community public health nurses and nursing associates eligible to practice

¹³ The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

Sepsis¹⁴

There was evidence on the National Early Warning Score (NEWS)¹⁵ chart that pain was being measured, actioned and evaluated. We noted one patient who was reviewed on their first day post-operatively by the acute pain service, with a clear assessment and plan going forward. We also saw nurses asking patients about their pain and offering analgesia, all patients appeared to be settled and comfortable. The sample of the patient care records we checked showed that all patients had an up-to-date pain score. We noted a sepsis trolley on the ward that was checked on a regular basis, with the sepsis six¹⁶ protocol clearly displayed on the trolley.

We were told that a nurse practitioner and the medical staff were informed when a patient was septic and a sepsis care plan and pathway was put in place once sepsis was identified. Staff had received in-house training on sepsis from the practice educators available on the ward. Sepsis appeared to be managed according to local guidelines and protocols and there was good support from the nearby CITU.

Staff we spoke with had a clear understanding and awareness of sepsis and how they would manage sepsis cases. They were able to describe triggers and treatments. One new member of staff we spoke with was able to articulate any action required and talked through the use of sepsis trolley. This showed that they had been clearly well orientated to the ward.

Record keeping

We checked a sample of four patient care records and care plans. Overall we noted there was a good quality in the records and plans. There was evidence seen of regular assessments of the patient and good pain assessments and pain control. The notes were clear and easy to navigate, well organised with the

¹⁴ Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs.

¹⁵ NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

¹⁶ The Sepsis Six is the name given to a bundle of medical therapies designed to reduce mortality in patients with sepsis.

integrated care pathway booklet at the beginning of the binder with all continuation sheets with patients stickers on, following in date order. There was also evidence of the physiotherapy documentation pack and multi-disciplinary team assessments. On occasions, staff said that there were times when the records were not available as they were in use with another member of staff. Using some form of identification card in the trolley, with the location of the records, may make them easier to trace.

There was good documentation to support the decisions made that was clear with timescales. The records were up to date, clearly written and the notes were seen to be made at the same time. They were also easy to read. The handwriting in the patient records were clear and legible with all entries signed, dated and time of entry entered. There was evidence of nursing handover sheets printed out before each shift for all the team. The records would benefit from an index at the front of the care records to make the identification of various sections easier.

Patients clearly had their needs promptly assessed on admission. We also noted that patients were assessed prior to admission to ensure that items of equipment and aids were available for the patient. There was evidence to show a continuity of information from other assessments relating to patients transferring hospital.

However, these records and plans were stored in ring binders in an open trolley with no ability to lock the files. Whilst this made them easily accessible to staff it also meant they were not secured from unauthorised viewing. To ensure confidentiality, they must be kept secure and comply with the General Data Protection Regulations 2016.

Improvement needed

The health board must ensure that the patient records are kept securely and available for use as and when required.

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 the service review and monitor their own performance against the Health and Care Standards.

Staff were professional and committed to delivering a high standard of patient care. Staff were positive in their feedback about their immediate and senior managers.

We found evidence of good teamwork and support including between nursing and medical teams.

Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

Overall, feedback from staff indicated that they were happy with the level of support and engagement from their immediate line manager and from senior managers within the service.

We found that management and leadership was focused and robust.

HIW issued an online survey to obtain staff views about the cardiothoracic ward at the hospital. In total, we received 16 responses from staff at the hospital. Not all respondents answered all of the questions. We received responses from 13 nursing staff, two healthcare support workers and an administrator. Three staff stated that they worked across the UHL and UHW sites.

The majority of responses indicated a generally positive staff experience, with around 80% of staff recommending their organisation as a place to work. They also agreed that they would be happy with the standard of care provided by their organisation for themselves or for friends or family.

Governance, leadership and accountability

We spoke with senior staff and they stated that either the lead nurse or senior nurse of cardiothoracic services were present on the ward at least three days a week. Staff also confirmed this and that there were regular daily calls from these

staff to check on the wellbeing and management of the ward. We were told there were online meetings with the ward sister every Monday morning. Support was also available from the lead surgeon and the clinical teams and the staff at both the CITU and the cardiothoracic ward worked well together. The system of sharing information with staff and from staff to management was described.

We asked a series of questions of staff in the questionnaire.

- All 16 staff said they regularly have sight of new guidance, patient safety alerts and medical device alerts, and felt assured that they are supported to implement and adhere to these.
- Twelve of the 15 who answered this question said they had been made aware of the revised Health and Care Standards (April 2015) and three said they had not.
- Fourteen respondents said they were always or usually able to meet all the conflicting demands on their time at work and two said they sometimes could.
- Thirteen respondents said they were always or usually able to make suggestions to improve the work of their team / department, two said they sometimes could and one answered 'not applicable'.
- Ten respondents said they were always or usually involved in deciding on changes introduced that affect their work area / team / department, five said they sometimes were and one answered 'not applicable'.

Staff and resources

Workforce

We were told that historically the ward had a low turnover of staff and that sickness fluctated, but there had been more sickness during the pandemic, with some staff suffering the effects for long periods of time.

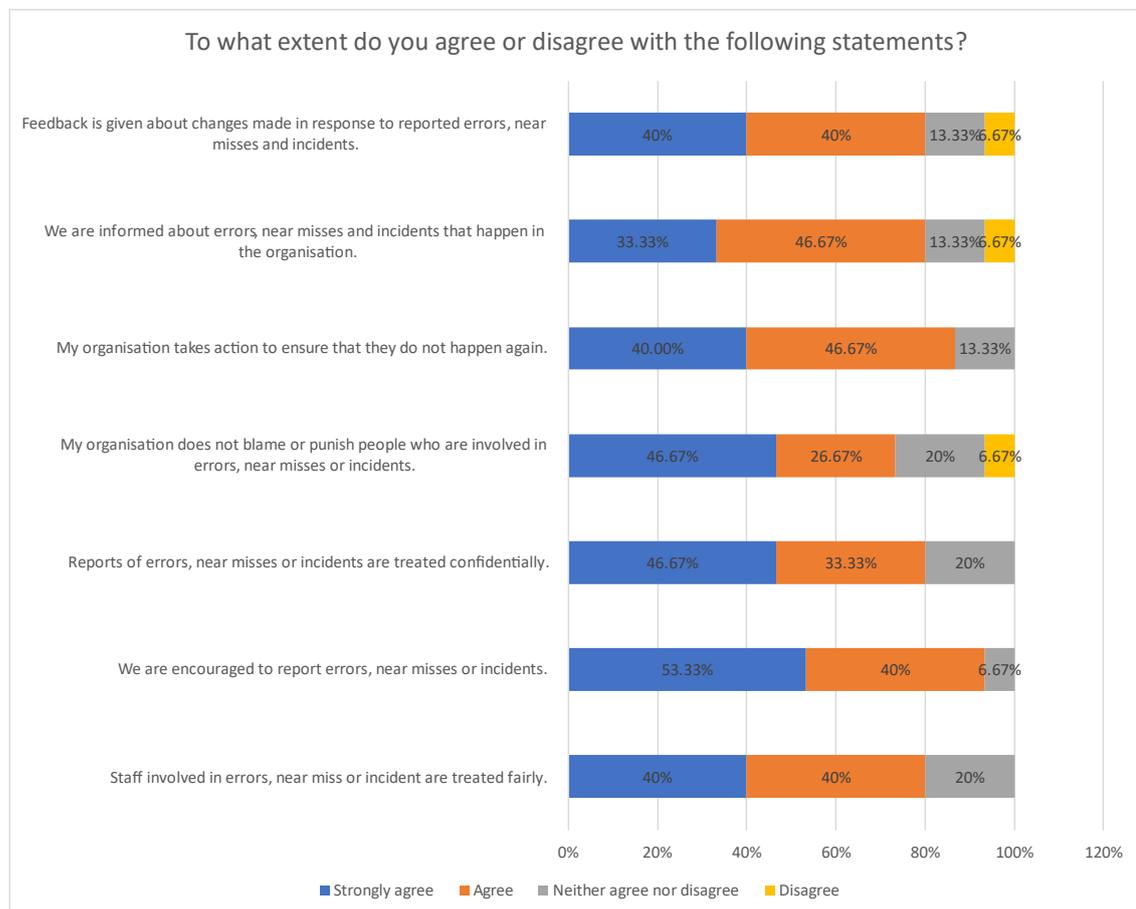
The ward was advertising for two deputy ward sisters (band 6) at the time of the inspection. The process of filling any staffing deficiencies was described, including online methods and enhanced overtime. However, senior staff were aware that staff have been working additional shifts for some time since the start of the pandemic and they need to maintain staff wellbeing.

Senior staff we spoke with believed that the establishment allows for an appropriate number of staff to be on duty for the number of patients. Staffing is managed on a daily basis to manage the ward based on future requirements. They worked with the clinical team so the needs of the ward could be met. Senior staff said they were fortunate in having a multi-diciplinary team.

Incidents

Fifteen staff answered questions on reporting incidents and errors. One respondent indicated that, in the last month, they had seen errors, near misses or incidents affecting staff and two respondents said they had seen errors, near misses or incidents affecting patients. Nine respondents said that the last time they saw an error, near miss or incident they or a colleague reported it, one said they did not and five answered 'not applicable'.

All 15 respondents said that, if they were concerned about unsafe clinical practice, they would know how to report it, 14 said they felt secure raising concerns about unsafe clinical practice and one did not know. Thirteen respondents said that they were confident that their organisation would address their concerns, one said they were not and one did not know.

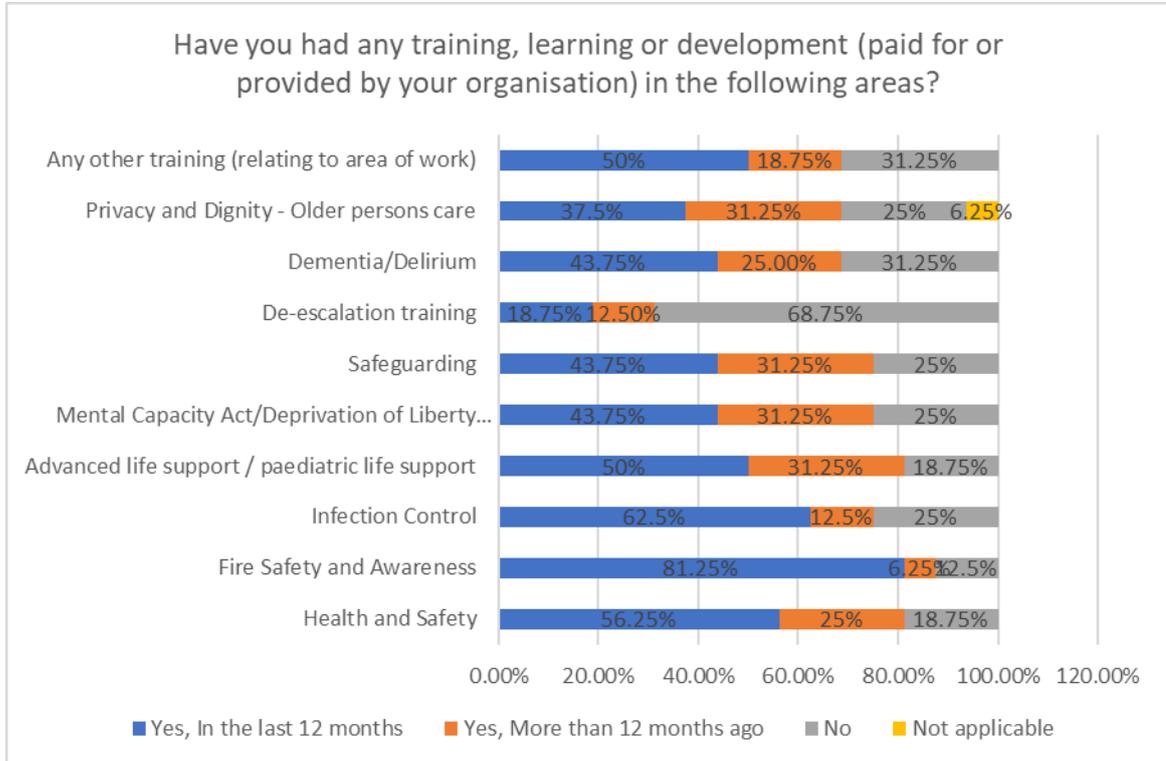


One member of staff commented:

“We never attend any of the meetings regarding these issues”

Training

We asked staff in the questionnaires a series of questions relating to training, learning and development, their responses are shown below:



Staff told us they had received the following 'other' training:

“Cardiac monitoring”

“Cardiology rotation training: rhythm training, auto pulse, pacer training”

“Wound care”

“Anaphylaxis”

“Safe use of Insulin”

We received comments on training staff would find useful, some of which are shown below:

“Venepuncture workshop”

“Study days on diabetes, sickness management, student mentorship regarding new student protocol”

All respondents said training always or usually helped them do their job more effectively. Fifteen respondents said training always or usually helped them stay up to date with professional requirements and deliver a better patient experience, and one answered 'not applicable'.

Mandatory training was captured on the NHS Electronic Staff Record (ESR) and reports were generated for senior staff to manage the completion of this training. We were told that mandatory training compliance was under 60% at the time of the inspection, partially due to staff absences. This was supported by the individual compliance level for staff varying from zero percent to 95 percent.

We were also shown a copy of the induction programme for staff to the ward, which showed that mandatory training was completed during this induction. For new staff there would be four weeks where they were considered to be supernumerary staff and were allocated a mentor. This was also the case for student nurses on the ward and we were told that educational audits were completed regularly. The practice educators were also available to support. Additionally, the completion of training was part of the annual appraisal process.

We also noted staff and student notice boards with reference to mentorship and training date reminders for staff in the nurses office on a notice board.

Staff we spoke with also agreed that training was encouraged and the ward had a practice educator to assist with this. Formal paid training was also encouraged, funded by the health board.

Professional Development

Eight respondents said they had an annual review or appraisal within the last 12 months and eight said they had not. Six said they had clinical supervision in the last 12 months, nine said they had not and one could not remember. Nine said their learning or development needs were identified and seven said they were not. Thirteen said their manager supported them to receive training or development and three said they did not. All eight who answered this question said they received an appropriate mentorship or preceptorship on commencement in their role. Seven of eight respondents believed their mentorship and preceptorship period was long enough. Whilst we were told that the new sister in post was overseeing the whole appraisal process, the health board needs to ensure that staff development needs are met.

Equality

There was an equality and diversity policy in place, which we saw in the nurses office on the ward. Staff appeared to work well as a team and seemed happy and content in their work. However, three of the fifteen staff who answered the

question on whether they had been discriminated against in the service in the last 12 months ticked a box other than they had not been discriminated against¹⁷. Twelve respondents agreed staff have fair and equal access to workplace opportunities, one disagreed and two answered 'prefer not to say'. Fourteen respondents agreed their workplace was supportive of equality and diversity, and one answered 'prefer not to say'. The health board must ensure that processes are in place to allow any member of staff to report any issues of concern internally, as well as to ensure that any concerns raised are appropriately investigated and responded to.

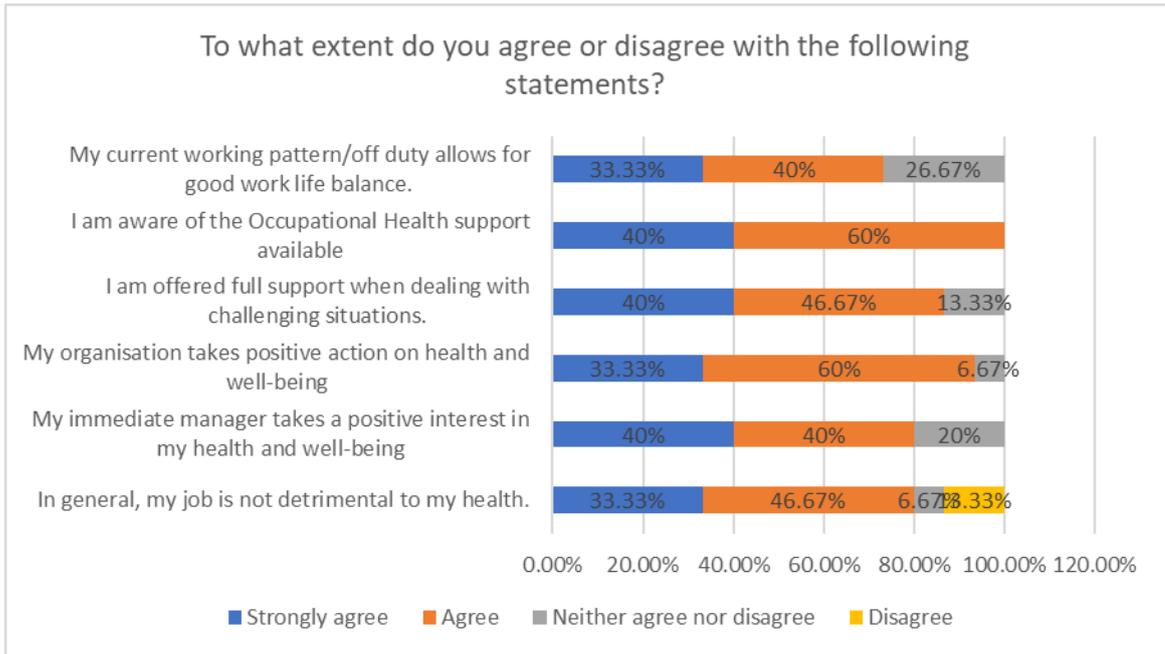
Health and Wellbeing

We were told that staff would be signposted to employee wellbeing. Senior staff also stated that occupational health had been overwhelmed with referrals during the pandemic and there were mainly phone follow ups at the moment and there were delays.

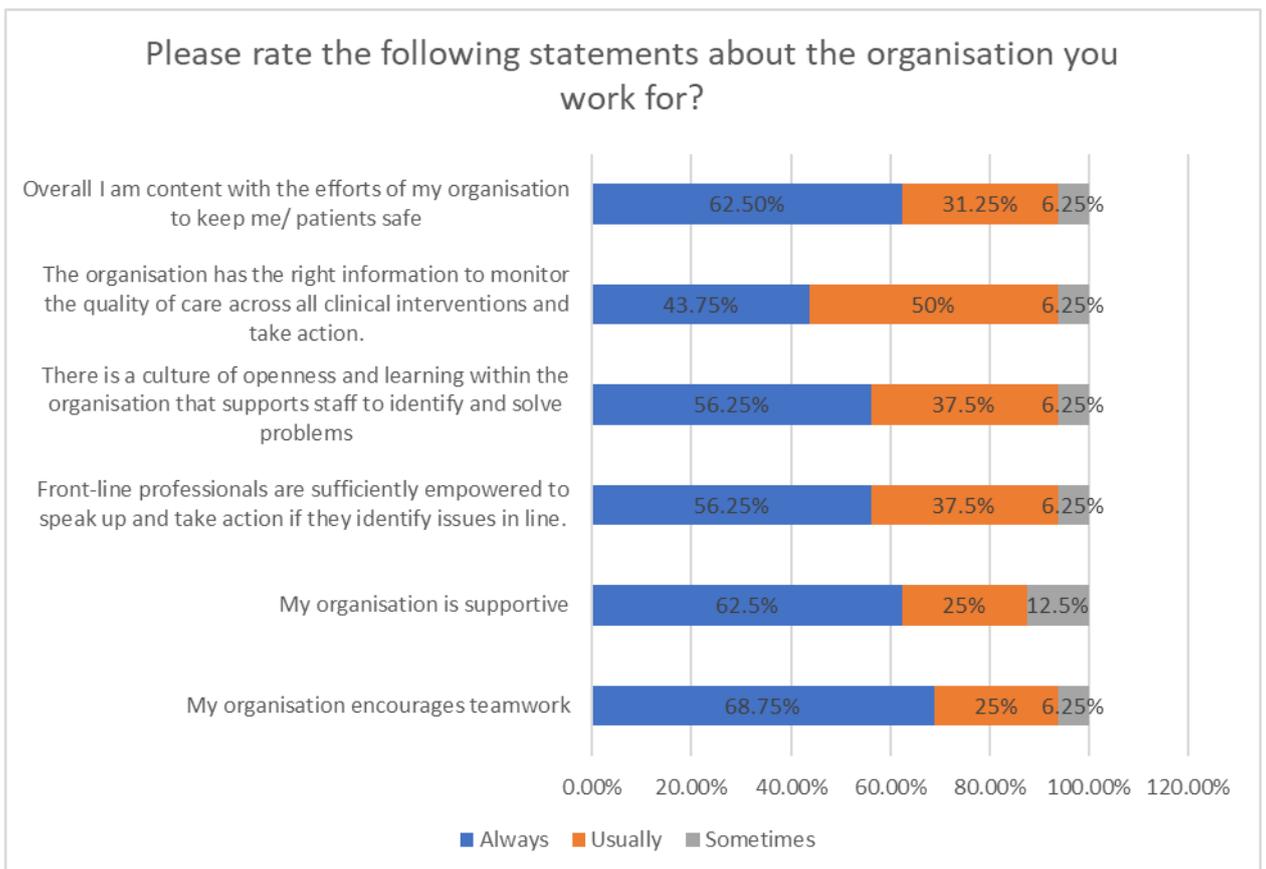
In addition to the pandemic, we were also told that the move to UHL had also been a challenge for staff and staff had risen to the challenge including some learning to drive to enable them to work at the hospital. They also spoke about the uncertainty of when they would be returning to UHW. Senior management said that the move had always been a temporary move but a firm date to return had not been made as yet.

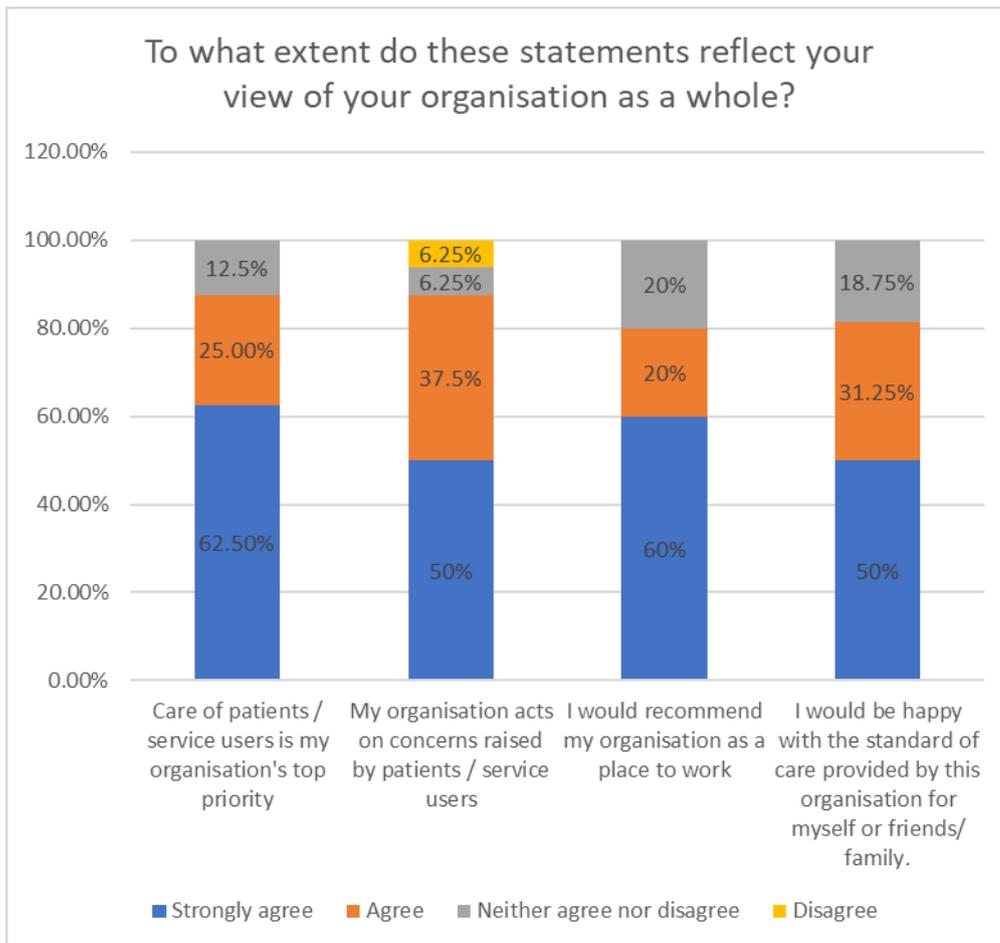
Fifteen staff answered questions regarding health and wellbeing at work as follows:

¹⁷ Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation, also other or prefer not to say.



The organisation





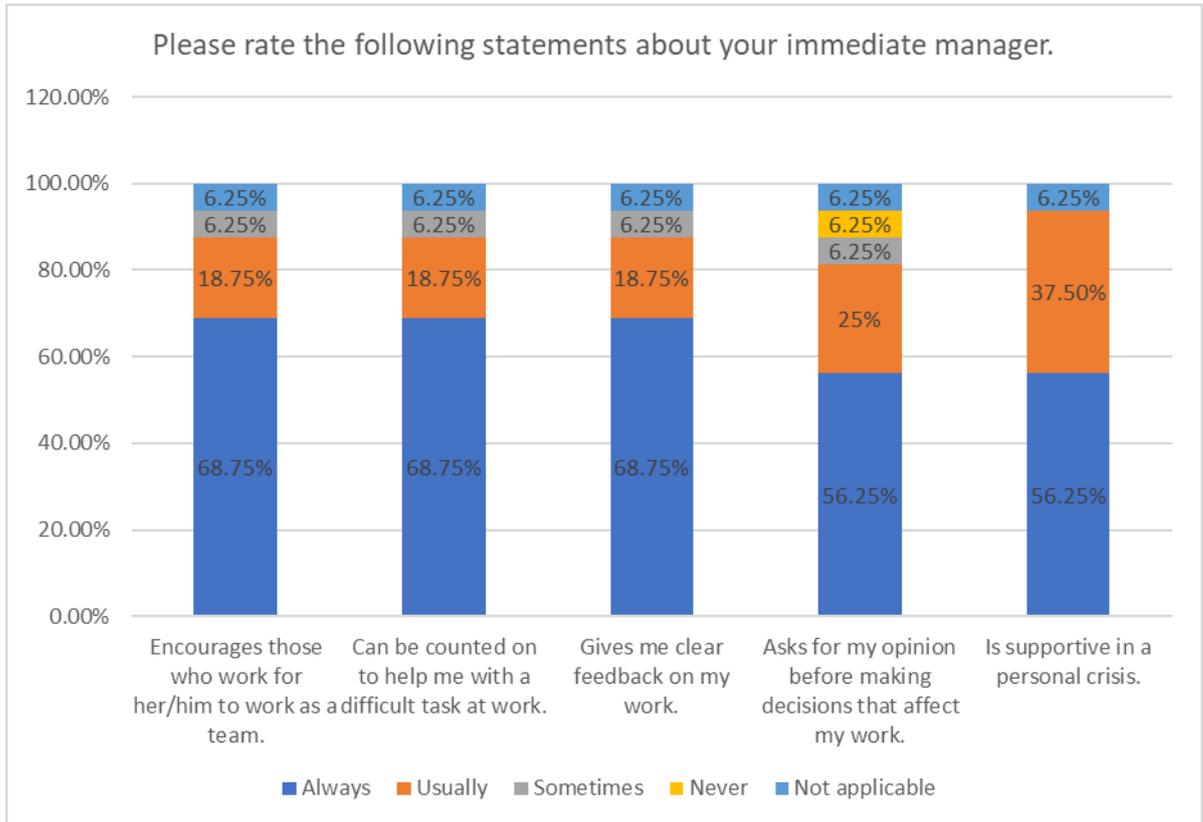
A respondent commented:

“Very happy with care provided in my clinical area”

Immediate Manager

One member of staff commented:

“My immediate line manager is very supportive as are my senior and lead nurses.”

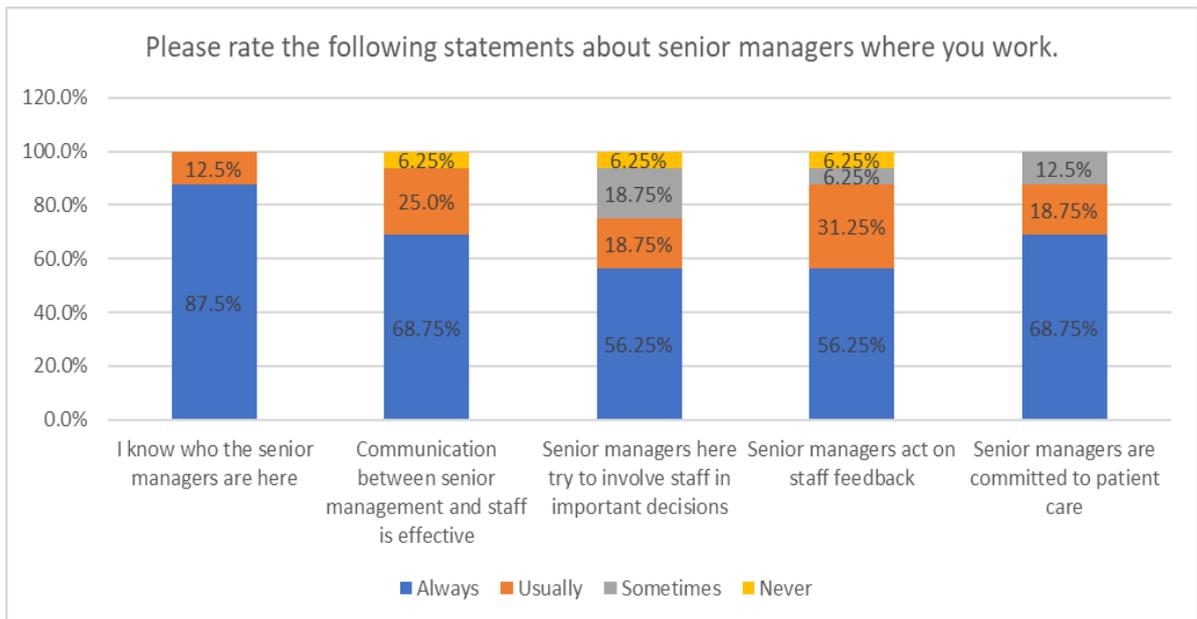


Senior Management

Staff made comments about senior management, some of which are shown below:

“The corporate staff in the UHB we never see at ward level”

“Senior management rarely come to the wards and if so they do not speak to the nurses, only ward managers so it’s hard to see if they take on board our opinions/feedback”



Improvement needed

The health board must ensure that processes are put in place to ensure that:

- Appraisals are completed in full for all staff in a timely manner and that this compliance is maintained to ensure staff are aware of the requirements to perform their duties and maintain their development
- Staff complete their mandatory training in a timely manner

The health board must ensure that processes are in place:

- To allow any member of staff to report any issues of concern internally, as well as to ensure that any concerns raised are appropriately investigated and responded to
- To ensure that staff are treated fairly and equally and that any instances of discrimination will not be tolerated and appropriate action taken.

The health board must ensure, in light of staff responses to the survey, that any errors and near misses are fully discussed with staff ideally in ward meetings and this is documented.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Hospital: **Insert name**

Ward/department: **Insert name**

Date of inspection: **Insert date**

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurances issued				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: University Hospital Llandough
Ward/department: Cardiothoracic Surgery Ward, West 6
Date of inspection: 1 and 2 March 2022

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that they improve the layout of the ward, so that male patients are not walking through female patient areas, to ensure the dignity of all patients is maintained.	Standard 4.1 Dignified Care	<ul style="list-style-type: none"> All actions completed on transfer to UHL to segregate bay by implementing a partition wall however limited options with existing environment. Risk assessment in place to highlight measures taken to maintain privacy/ dignity of patients whilst in temporary environment prior to return to UHW site. To establish plan/ timeframe to return Cardiothoracic Surgical services back to UHW site to 	Cardiothoracic Directorate Management Team Cardiothoracic Directorate Management Team Specialist Clinical Board	Completed Oct 2020 Completed Oct 2020 ongoing assessment

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		<p>minimise risks to segregation of Cardiothoracic services and environment restrictions.</p>	<p>CVUHB Executive Team</p>	<p>In progress</p>
<p>The health board must ensure that they provide additional storage facilities to significantly reduce the clutter on the ward.</p>	<p>Standard 4.1 Dignified Care</p>	<ul style="list-style-type: none"> • All actions completed on transfer to UHL to maximise storage due to support safe storage of the essential equipment to deliver Cardiothoracic surgery however limited options with existing environment. • Implementation of daily environment checks to ensure ongoing decluttering and safe storage of equipment. • To establish plan/ timeframe to return Cardiothoracic Surgical services back to UHW site to minimise risks to segregation of Cardiothoracic services and environment restrictions. 	<p>Ward Sister and team</p> <p>Ward Sister and team</p> <p>Specialist Clinical Board</p> <p>CVUHB Executive Team</p>	<p>Completed Oct 2020 ongoing</p> <p>Implemented April 2022 ongoing</p> <p>In progress</p>
<p>The health board must ensure that measures are put in place to enable all patients are able</p>	<p>Standard 4.2 Patient Information</p>	<ul style="list-style-type: none"> • Review of current information booklets. 	<p>Ward Sister and nursing team</p>	<p>Completed March 2022</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
to understand the treatment and care given in full.		<ul style="list-style-type: none"> Information booklets provided in pre assessment clinics in preparation of admission/ surgery. For ward staff to assess knowledge on admission and during admission to ensure patients are fully informed of care and treatment. To ensure discharge information provided upon discharge and contact details for support post discharge. 		and ongoing review
The health board must ensure that arrangements are in place to provide written information on displays and signage in Welsh, on an equal basis with English.	Standard 3.2 Communicating Effectively	<ul style="list-style-type: none"> All information provided to patients in paper form is bilingual. To implement temporary bilingual signage whilst service remains in UHL. To incorporate requirement of bilingual signage in plans for return to UHW site. 	<p>Ward Sister</p> <p>Ward Sister/ Ward receptionist</p> <p>Cardiothoracic Directorate Management Team</p>	<p>Completed March 2022</p> <p>In progress April 2022</p> <p>In progress awaiting UHB plan to be finalised of date / timeframe to return to UHW</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
The health board must ensure that a Who's who board is installed on the ward.	Standard 3.2 Communicating Effectively	<ul style="list-style-type: none"> There have been significant changes within the West 6 team following temporary relocation to West 6. Ward sister/ team currently in process of updating information, team photos to revamp Whose who board. 	Ward Sister	June 2022
The health board must ensure that the layout of the ward is improved to ensure visibility of all patients on the ward.	Standard 5.1 Timely Access	<ul style="list-style-type: none"> All actions completed on transfer to UHL to maximise visibility of all patients within the constraints of the wards layout however limited options with existing environment. To establish plan/ timeframe to return Cardiothoracic Surgical services back to UHW site to minimise risks to segregation of Cardiothoracic services and environment restrictions. 	Ward Sister/ Senior/ Lead Nurse Team Executive Team	Completed Oct 2020 ongoing assessment In progress
The health board must ensure that access and exit doors are secured and in good working order.	Standard 5.1 Timely Access	<ul style="list-style-type: none"> Doors reported immediately and repaired. Ongoing monitoring to address need for further security. 	Ward Sister	Completed April 2022 ongoing

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
The health board must ensure that patients are given additional access to internet compatible equipment to enable them to contact their relatives or carers.	Standard 6.2 Peoples Rights	<ul style="list-style-type: none"> Ward ipad located and now available to support patients' needs All staff to be informed of available equipment to support patients to maintain communication with family and friends whilst in hospital. To update staff on the importance of informing patients of the available equipment including IPad and cordless ward phone and to encourage patients to bring in their own tablets/phones if they wish too. 	Ward Sister	Completed March 2022 ongoing
The health board must ensure that information is displayed on the ward and available to patients on how they can make a complaint.	Standard 6.3 Listening and Learning from Feedback	<ul style="list-style-type: none"> An area containing this information has been created and displayed. 	Ward Sister	Completed April 2022
Delivery of safe and effective care				
The health board must ensure that the cupboards storing cleaning solutions (yellow COSHH cupboard) in the sluice is locked to prevent access or that items that could cause	Standard 2.1 Managing Risk and Promoting Health and Safety	<ul style="list-style-type: none"> Area reviewed immediately to ensure area decluttered and all cleaning solutions stored appropriately in locked COSHH cupboard. 	Ward Sister/ Ward team	Completed April 2022 ongoing

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
harm if ingested are removed from the cupboard.		<ul style="list-style-type: none"> All staff informed of the importance to safely store cleaning solutions in the designated locked COSHH cupboard. Implementation of daily environment checks to ensure ongoing decluttering and safe storage of cleaning solutions. 		
The health board must ensure that audit results are displayed on the ward to give confidence to patients and staff on the cleanliness of the ward.	Standard 2.4 Infection Prevention and Control and Decontamination	<ul style="list-style-type: none"> Suitable frame to display this information is currently being sourced.to display audit results to patients and staff. 	Ward Sister	May 2022
The health board must ensure that medication records are completed in full.	Standard 2.6 Medicines Management	<ul style="list-style-type: none"> H.I.W report shared with all staff to share learning. All staff reminded to fully and accurately complete the back page of the medication charts with reasons for omission. As per the Medicines Code. 	Ward Sister/ Practice Educator	Completed April 2022 ongoing review/ audit

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> Ward Sister/ Practice Educator to undertake spot checks/ audits to monitor compliance. 		
<p>The health board must ensure that the resuscitation trolley is available at all times, unobstructed and conveniently located on the ward.</p>	<p>Standard 2.6 Medicines Management</p>	<ul style="list-style-type: none"> Area reviewed immediately to ensure area decluttered. Alternative location for Obs/ECG machines which were stored with emergency equipment found. Signs created to remind staff to keep area clear at all times. To establish plan/ timeframe to return Cardiothoracic Surgical services back to UHW site to minimise risks to segregation of Cardiothoracic services and environment restrictions. 	<p>Ward Sister/ Nursing team</p> <p>Specialist Services Clinical Board</p> <p>Executive Team</p>	<p>Completed April 2022 ongoing</p> <p>Ongoing</p>
<p>The health board must ensure that all policies including the medicines management policy and medicines code are kept up to date and reviewed in a timely manner.</p>	<p>Standard 2.6 Medicines Management</p>	<ul style="list-style-type: none"> All staff informed of the up to date medicine policy and reminder of access via the CVUHB intranet to 	<p>Ward Sister and Practice Educators</p>	<p>Completed April ongoing assessment/</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		<p>support progression of paperless organisation.</p> <ul style="list-style-type: none"> Ongoing support/ guidance given to staff re: changes to policies procedures via staff induction and ongoing support delivered by the Cardiothoracic practice educators. 		cascading information
The health board must ensure that the patient identifiable information, including procedures, are displayed in areas where there is no public or patient access.	Standard 3.1 Safe and Clinically Effective Care	<ul style="list-style-type: none"> Immediate action taken and all identifiable information removed and relocated to a non-patient confidential space. 	Ward Sister	Completed April 2022
The health board must ensure that the patient records are kept securely and available for use as and when required.	Standard 3.5 Record Keeping	<ul style="list-style-type: none"> Immediate action taken and trolley with lockable function has been ordered. Waiting delivery date. 	Ward Sister	May 2022
Quality of management and leadership				
The health board must ensure that processes are put in place to ensure that staff complete their mandatory training in a timely manner.	Standard 7.1 Workforce	<ul style="list-style-type: none"> New ward sister in process of pulling accurate training records together. 	Ward Sister	June 2022 Ongoing

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> • Staff reminded to encourage/reiterate importance of ensuring 100% compliance prior to annual appraisal process. • Staff encouraged to utilised down time on ward to undertake outstanding training. • Practice Educator to work closely with Ward Sister to support compliance and incorporate training into new staff induction. 		
<p>The health board must ensure that processes are put in place to ensure that appraisals are completed in full for all staff in a timely manner and that this compliance is maintained to ensure staff are aware of the requirements to perform their duties and maintain their development</p>	<p>Standard 7.1 Workforce</p>	<ul style="list-style-type: none"> • Following new Band 6 SN's and Deputy Ward Sister recruitment Ward Sister implemented a plan to share roles/ responsibilities of VBA improve appraisal compliance. • Staff reminded of the importance of yearly appraisal and updates given re: new VBA process in preparation of the appraisal. 	<p>Ward Sister</p>	<p>Completed April 2022 Ongoing.</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> Practice Educator to work with Ward Sister to undertake new starters appraisal during induction. 		
<p>The health board must ensure that processes are in place to allow any member of staff to report any issues of concern internally, as well as to ensure that any concerns raised are appropriately investigated and responded to.</p>	<p>Standard 7.1 Workforce</p>	<ul style="list-style-type: none"> An open and transparent work culture has been actively encouraged on West 6. This has been reiterated to staff during Ward Safety Briefing etc. Staff updated on the escalation of concerns process to ensure staff feel comfortable and informed of correct process. Ensure staff are aware of how to raise a concern through the Freedom to Speak Up Policy. 	<p>Ward Sister</p>	<p>Completed March 2022</p> <p>Ongoing.</p>
<p>The health board must ensure that processes are in place to ensure that staff are treated fairly and equally and that any instances of discrimination will not be tolerated and appropriate action taken.</p>	<p>Standard 7.1 Workforce</p>	<ul style="list-style-type: none"> UHB's Core Values and Behaviours Framework publicised within the ward. 		

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> • Cross cover rota developed to ensure fairness for staff being sent to work within other clinical areas. • Staff encouraged to raise any concerns or experiences so support can be provided immediately. 		
<p>The health board must ensure, in light of staff responses to the survey that any errors and near misses are fully discussed with staff ideally in ward meetings and this is documented.</p>	<p>Standard 7.1 Workforce</p>	<ul style="list-style-type: none"> • Ward Sister to discuss with Deputy sister/ Senior Band 6s to raise awareness of the importance in sharing and updating staff of any concerns, errors/ feedback. • To ensure this is highlighted during Ward Safety Briefing and followed. • To update staff of the key policies available to manage errors/ near misses/ clinical incidents to ensure escalation and correct process is followed. • Practice Educator to work closely with Ward Sister to support this 	<p>Ward Sister Nurse in Charge Practice Educator</p>	<p>Completed March 2022 ongoing</p>

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
		process and provide required level of support training to staff involved.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Lead Nurse Ceri Phillips in collaboration with Ward Sister Bethan Price and Cardiothoracic Directorate Team

Date: 18/04/2022