Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Dignity and Essential Care Inspection (Unannounced)

Betsi Cadwaladr University Health Board: Ysbyty Gwynedd Hospital, Conwy Ward

29 and 30 October 2014

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Contents

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Conwy Ward at Ysbyty Gwynedd, part of Betsi Cadwaladr University Health Board on the 29 and 30 October 2014.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service.

2. Methodology

HIW's dignity and essential care inspections review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

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

- Information held by HIW
- Conversations with patients and relatives, and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Betsi Cadwaladr University Health Board is currently the largest health organisation in Wales, providing a range of primary, community, mental health and acute hospital services. It serves a population of around 676,000 people across the six counties of North Wales, namely Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, as well as some parts of mid Wales, Cheshire and Shropshire.

Betsi Cadwaladr University Health Board is responsible for three district general hospitals: Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital. There are also 18 other acute and community hospitals across North Wales.

This report relates to HIW's inspection of Conwy Ward, Ysbyty Gwynedd on 29 and 30 October 2014. Conwy Ward provides trauma and orthopaedic services to adults.

4. Summary

Overall, during the course of our inspection, we were satisfied that the ward provided a good standard of care for patients in the acute phase of their illness and throughout the rehabilitation stage, including discharge for those patients who were able to regain their independence and return to their place of residence. There was a proportion of patients who were unable to communicate their experiences to us due to them having cognitive impairment. This group of patients had become longer stay patients who required continued rehabilitation and enablement. These patients had no arranged suitable place of transfer or discharge. Due to social circumstances, and their care needs, these patients were experiencing long stays in the hospital ward.

HIW raised one immediate action with the health board because the controlled drug cupboard was not within the required specification for the safe storage of controlled drugs. This matter had been identified and raised with the health board within the Welsh Government spot check visits which occurred some five months previously.

The ward undertakes both scheduled and unscheduled orthopaedic work, and the pace of activity in the ward was therefore fast. Patients admitted for planned operations had shorter lengths of stay whilst patients admitted as an emergency, following trauma, often had longer lengths of stay requiring a higher level of care during the early stages of their admission.

Staff were significantly challenged in their work by the mixture of patient age ranges and varied case mix. Although staffing numbers were adequate, many staff were agency staff and were not familiar with the ward. All staff were observed to have a very caring and respectful approach.

Staffing time was prioritised to the higher clinical needs of patients in the acute phase of their illness and at the time of surgical treatment and recovery after operation. In general, older patients with cognitive impairment were receiving the largest proportion of their care provision from more junior staff and these staff had not received training in the care of older people or dementia care. There was limited rehabilitation and enablement for this group of patients. Staff recognised the need to develop an area of the ward dedicated to the care of older people who were having increased length of stays due to the challenge of finding suitable community placements for their appropriate transfer or discharge. From the patients' perspective, the ward environment was chaotic because both groups had important specific needs. When situated in the same bays, both newer admissions, and longer stay older people, shared each others disturbances.

The ward had implemented a new system of staffing whereby one registered nurse and one healthcare support worker was allocated to each individual bay. The ward co-ordinator role did at times have an acute caseload of new patients which meant that it was not always possible for them to maintain a full overview of the ward all of the shift. However, the ward co-ordinator displayed a high level of motivation and energy to the leadership role and displayed a good vision for the development of the ward. Staffing was a challenge, with the ward having a number of vacancies and utilising a high number of temporary bank and agency staff. Many staff had not been able to complete mandatory training and /or training that was pertinent to their role in the provision of care for the client group on Conwy Ward, because release for training was problematic.

The ward catered for 36 patients in an area originally designed for 30 beds, resulting in storage space being limited. We observed numerous shared areas including the bathroom which doubled up as a storage area and the linen cupboard which housed pieces of equipment. There was a significant amount of activity by the multi-professional team in the central work station which provided only limited working space.

In the main, patients and their relatives informed us that they were happy with the care they received. We observed staff respecting patients' privacy and dignity at all times.

5. Findings

Quality of the Patient Experience

In general, patients told us they were very satisfied with the quality of care they had received and the way in which the staff treated them. We saw staff being polite and courteous to patients and treating them with respect.

During the course of our inspection, patients were invited to complete our questionnaire to tell us about their experiences in Conwy Ward. These were completed via face to face interviews or returned to us in the post. Eight questionnaires were completed. The ages of patients completing the questionnaire ranged from around twenty years to over 90 years of age. We also held informal discussions with a number of patients. Patients and their relatives were generally very complimentary about the service and the staff.

Comments we received about staff included:

> *" I cannot speak highly enough of all the staff involved in the treatment my Son is receiving."*
>
> *" No complaints- Excellent treatment."*
>
> *"No time frame for when I will be discharged."*
>
> *"Wonderful staff."*

The public felt that the hospital was well positioned for the local population. Some of those who completed questionnaires informed us that they had previous experience of care and treatment at the hospital and they had in the main been satisfied with the service. There was a proportion of patients who were unable to communicate their experiences to us due to them having cognitive impairment. This group of patients had become longer stay patients who required continued rehabilitation and enablement. These patients had no arranged suitable place of transfer or discharge. Due to social circumstances, and their care needs, these patients were experiencing long stays in the hospital ward.

Delivery of the Fundamentals of Care

Patients appeared well cared for and told us that they felt safe. Those that were unable to fully communicate had their needs and best interests addressed. The healthcare team paid good attention to meeting patients' fundamental care needs. The ward had recently instigated a new allocation of one registered nurse and one healthcare support worker to each six bedded bay area. This meant that there was good organisation of staff skill to the patient care workload and the healthcare support workers were supported and supervised by the registered nurses.

Although all basic care was well provided, there was a limited focus on rehabilitation and enablement for the group of longer stay older people on the ward, many of whom had cognitive impairment.

Communication and information

People must receive full information about their care in a language and manner sensitive to their needs

We saw staff communicating sensitively with patients and their family/carers. Staff displayed kindness and respect for patients.

Those patients who were elderly, many of whom were living with cognitive impairment, were not always able to receive the extra time and patience from staff that they required. For example, one older patient enjoyed chatting with the staff, but when staff had to go to attend to another patient the older patient became distressed and agitated which was disturbing for other patients in the bay. Whilst the older patient benefited from more attention from staff, members of the ward team were constantly going back and forward to them in between providing care for others.

Patients received information in the language of their choice. Healthcare staff spoke Welsh to patients whose first language was Welsh. There was access to picture cards for patients whose first language was not Welsh or English.

Respecting people

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

We observed many respectful interactions between staff during the provision of care, when communicating with patients and their relatives/carers. All staff

displayed good values in doing the right thing for the patients and this was evident across the whole multi-professional team.

There were a number of older patients with cognitive impairment in each bay. These patients often required additional staff attention to maintain their privacy and dignity. At times the ward environment was challenging because it was congested, with limited space in corridor and facility room areas. The ward housed 36 patient beds in a ward area which had been designed for 30 patient beds. This meant that bathrooms were used for storing equipment and that store rooms and cupboards had dual purposes, for example the linen cupboard also housed equipment.

Curtains were drawn around bed areas whilst personal care was being delivered to maintain patients' privacy and dignity. Conversations on the ward round between patients and doctors and other staff were conducted sensitively.

Staff introduced themselves and called patients by their preferred names and we observed staff being kind and compassionate to patients without exception.

We observed many respectful conversations and episodes of care with staff acting respectfully to maintain the privacy and dignity of patients on the ward. Patients told us that they were well informed about their care and treatment.

Promoting independence

The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.

Following surgical operations, patients were encouraged to mobilise early to promote early recovery after surgery. We observed physiotherapy staff providing good services to patients and overall there was an emphasis on maintaining independence.

We were provided with an example of patient pathways for enhanced recovery after surgery including the newly devised fractured neck of femur care pathway which will be co-ordinated by the newly appointed trauma liaison nurse.

We observed patients being supported to do as much for themselves as possible. Those patients who were able to wash and dress themselves were encouraged to do so and assisted appropriately.

For the group of longer stay older people with cognitive impairment, there was limited emphasis on active rehabilitation and enablement. Provision of such support would assist those patients in being discharged from the ward in a safe and timely manner. There were a proportion of patients who were unable to

communicate their experiences to us due to cognitive impairment. That group of patients had become longer stay patients who required continued rehabilitation and enablement. Those patients had no arranged suitable place of transfer or discharge. In addition, due to social circumstances and their complex care needs, some patients were experiencing long stays in the hospital ward for transfer back to their former place of residence or a more appropriate place of residence.

Recommendation

The ward should continue the good practice and momentum with the introduction of the fractured neck of femur care pathway.

The ward is advised to look at the use of the environment and make better use to support the flow of patients through the ward, dedicating an area for the more specific care of older people with a hip fracture.

Relationships

People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.

It was evident that the multi-professional team provided a warm and friendly environment of care for patients in the ward. We received feedback in our questionnaire which indicated that patients and families/carers and friends were enabled to maintain contact with patients whilst on the ward through visiting and telephone calls.

Relatives and carers were encouraged to support care. We observed this with younger patients who had experienced trauma, where their parents were allowed to be involved in their care according to the patients' wishes.

Rest, sleep and activity

Consideration is given to people's environment and comfort so that they may rest and sleep.

The mixed caseload posed a challenge for both shorter stay and longer stay patients and younger and older people to gain rest and relaxation.

Although patients told us that they were warm and comfortable within the environment, staff indicated that there was sometimes a shortage of linen and they had to borrow from other areas.

Patients were offered a hot milky drink before they settled at night to assist them to sleep and there was access to a night time snack.

There was a lot of noise at the central work station, which offered staff only a small space in which to undertake desk work and multi-professional team discussions. This created noise for patients in the cubicles near the central work station and it reduced the privacy of information being shared by staff in this area. The noise from the area reduced the ability of patients to take rest and may interrupt patients sleep.

Recommendation

The health board must ensure that linen stocks are adequate at all times.

The health board must ensure that adequate attention is paid to providing an atmosphere in which patients can rest and sleep in all bed areas.

Ensuring comfort, alleviating pain

People must be helped to be as comfortable and pain free as their circumstances allow

Patients who required pain relief had their pain assessed and the effectiveness of pain medication was evaluated. Although at times during rehabilitation, movement was painful for patients, staff monitored comfort levels accordingly.

From our review of documentation we found evidence of patients' pain being assessed, managed appropriately and the effectiveness of pain relief evaluated. Patients told us that when they experienced pain, the staff provided pain relief and that their comfort level after the operation had also been monitored.

Where patients were actively mobilised, any discomfort levels were monitored and managed accordingly.

Personal hygiene, appearance and foot care

People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.

Patients were supported to be as independent as possible. Those that required assistance were given assistance. Although there were facilities for washing on the ward, these were limited in respect of the number of patients sharing those facilities. Due to lack of storage space, the bathroom was used to

accommodate equipment during the day. For those patients that had to wash at the bedside due to the nature of their stage of recovery, staff maintained their privacy and dignity during personal care.

Recommendation

The ward should review the storage space to ensure that patients have access to the bathroom at all times of the day.

Eating and drinking

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

Patients were generally satisfied with the quantity and quality of the food provided. However, there was a general lack of compliance with the All Wales Nutrition guidance including no co-ordination of the mealtime, poor preparation of patients' surroundings compounded by a number of other activities going on at the same time. This meant that staff members' attention was not wholly focused on the mealtime.

There was no co-ordination of the mealtime. Patients' tables were not prepared to make space for food trays. Some bed tables had urine bottles on as well as food trays.

The medication round clashed with the mealtime which meant that registered nurses were less available to co-ordinate and assist the mealtime. Food charts were not completed accurately; for example food was recorded as taken on the chart and the food had not been eaten by the patient.

Those that required assistance to prepare for the mealtime were assisted by staff to sit in their chair, with bedside tables suitably situated. No patients were offered hand washing or hand wipe facilities before their food arrived. Some patients required a lot of assistance to eat and drink and this was offered by the support worker staff who had a number of patients to assist at the same time.

Daily fluid charts were found not to be complete in some instances.

There was a proportion of older patients with cognitive impairment who required one to one observation and care. This was generally provided by more junior healthcare support worker staff. In general, these staff had not received training in dementia care, nutrition or care of older people with specific needs due to cognitive impairment. We found that a number of the older patients with cognitive impairment had had long stays on the ward and were not receiving a

rehabilitation programme in line with any discharge care plan. Patients had their basic care needs well attended to.

Recommendation

The health board is advised to improve mealtime co-ordination including the preparation of patients with hand washing facilities offered before meals. There must be accurate recording and documenting of fluid and food taken by individual patients.

Oral health and hygiene

People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.

Patients were encouraged to self care and maintain as much independence as possible. For those less able, the nursing staff assisted patients to clean their teeth, mouth and dentures. For patients who felt nauseated in the postoperative period, mouthwashes were available**.**

Toilet needs

Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.

Patients were offered appropriate and varied means by which to toilet including assistance to walk to the toilet. For those confined to bed, bedpans were used appropriately. All bedpans and commodes were clean and a yellow tape was used to indicate cleaned commodes. Staff were professional in their approach and maintained the privacy and dignity of patients during personal care. Buzzers were responded to promptly.

Preventing pressure sores

People must be helped to look after their skin and every effort made to prevent them developing pressure sores.

The risk of patients developing pressure sores was assessed and monitored. For those patients at risk, pressure relieving mattresses were available and patients were moved accordingly. Staff told us that there were sometimes delays in obtaining pressure relieving mattresses. There was a good emphasis on early recovery after surgery. For longer stay older people, mobility was assisted and routines of intentional rounding within the bays were part of the

ward routine to maintain an emphasis on regular movement of patients. Skin bundles were documented.

Recommendation

The health board is advised to look at how access for staff at ward level can obtain pressure relieving mattresses more easily and in a timely way.

Quality of Staffing, Management and Leadership

Staffing levels and skill mix and professional accountability

The ward had implemented a new system of staffing whereby one registered nurse and one healthcare support worker was allocated to each individual bay. The ward co-ordinator role did at times have an acute caseload of new patients which meant that it was not always possible for them to maintain a full overview of the ward all of the shift. However, the ward co-ordinator displayed a high level of motivation and energy to the leadership role and displayed a good vision for the development of the ward. Staffing was a challenge with the ward running on vacancies in the establishment and utilising a high number of temporary bank and agency staff. Many staff had not been able to complete mandatory training and /or training that was pertinent to their role in the provision of care for their client group because release for training was a problem.

Recommendation

The health board should continue to fill vacancies to reduce the need to use excess agency staff.

Effective systems for the organisation of clinical care

Although the staff practised intentional rounding within the bay areas, the mixture of short stay and longer stay older persons with cognitive impairment was not providing the best experience for both patient groups. The routines on the ward did not support the supervision of accurate completion of food and fluid charts. The routines did however support regular attention to pressure area care.

There was a lack of co-ordination at mealtimes and patients' mealtime experience would be enhanced with improved co-ordination and supervision at mealtimes.

Recommendation

The ward must ensure that regular routines provide sufficient supervision to ensure the accurate completion of tasks and recording of care provided.

Training and development

The completion of basic training was limited. Many of the staff had not been able to complete training required to help them best cater for the client group.

Although there were many notices advertising staff training on hospital notice boards, the release of staff for training was a challenge. Apart from completing manual handling training, staff had not been able to complete other training including nutrition e-learning or other relevant training for their roles. More junior support worker staff had not received training in care of the elderly or dementia care, yet spent most of their time providing care for this group of patients.

There were some staff on the ward who had a lot of experience in orthopaedic nursing which enabled them to train and supervise other staff. There were also plans for training which staff were hoping to attend, although making time for training was a challenge as it was not built in to shift rotas.

Recommendation

The health board is advised to support the ward with access and release for training or to support new ways in which training can be achieved at ward level for all members of the team.

Handling of complaints and concerns

Most staff were aware of the method for patients and members of the public to raise a concern, although not all staff were aware of how the findings from concerns were used to improve the service. Patients and relatives/carers in general were happy with the care they received.

There were notices on public corridors with details of how to raise a concern. However, we could not see information displayed at ward level, although we observed good verbal communication between staff and the public.

Recommendation

The health board is advised to look at improving feedback on incidents and complaints to ward staff to further assist lessons to be learnt from incidents and complaints.

Delivery of a Safe and Effective Service

Risk management

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Most staff were aware of the correct method for incident reporting, although not all staff were aware of how the findings from incidents were used to improve the service and/or prevent further incidents occurring.

Recommendation

The health board is advised to further develop systems by which learning from incidents and complaints can be fed back to staff at ward level.

Patient safety

Staff had good knowledge of risk management and safety culture, but the ward was congested with 36 beds across a 30 bedded floor space. This meant that there were areas of dual purpose such as the linen cupboard storing equipment and the bathroom storing equipment. This is not ideal health and safety practice nor best practice to support infection prevention and control.

We observed the coffee machine situated in the open ward corridor. Although this provided good access to patients who were mobile and able to make themselves a hot drink, the potential health and safety hazard was brought to the attention of staff.

Recommendations

The health board is advised to look at ways in which congestion on the ward can be reduced to support health, safety and infection prevention and control principles.

The health board is advised to look at a more suitable position for the coffee machine.

Medicines management

Storage of drugs

The controlled drugs storage cupboard did not meet the required specification. HIW raised this as an immediate action with the health board which has

responded to HIW advising that they have ordered new cupboards which meet the required specification and will be fitted as a matter of urgency.

Recommendation

HIW raised an immediate action with the health board requiring that the controlled drugs cupboard be replaced with one which meets the adequate specification for the safe storage of controlled drugs.

Documentation

In the case notes we reviewed, all patients had received a comprehensive nursing assessment. Medical assessment and medical management was clearly documented in the case notes. Most nursing assessments were completed on a short stay assessment document, which is intended for use during the first 72 hours of a stay in hospital. Many of these patients had been in hospital for more than 72 hours.

Referrals to other professionals, for example dieticians, were noted to be timely. There was evidence of good evaluation of care given, but clear individual care plans were not available within the case records or shared with patients.

We observed the completion of a This Is Me profile which captures important information about the person, their preferences such as what they like to be called and preferred hot drinks. This initiative is used for patients with cognitive impairment who are unable to fully communicate such information.

Longer stay patients did not have clear care plans for discharge with individual continued rehabilitation/enablement plans to support discharge from hospital.

Recommendation

The health board is advised to ensure that all patients have clear plans of care to assist rehabilitation and enablement and discharge from Hospital.

Ward Management

Overall, we were confident that the ward was well run. The main challenge was that the ward had some vacancies being filled with agency staff who were not always familiar with the ward or ward routines.

Overall staff had a good interest in the area of orthopaedic care. We observed some very skilled interactions and interventions involving the band 6 clinical lead ward sister. Staffing levels were adequate, although these were supplemented by agency nursing staff. We observed these staff working hard to

provide the shift to shift care but they had no full involvement within the wider ward team and reduced awareness of ward routines.

Due to the need to prioritise more acutely ill and new admission patients over longer stay patients, we found some older patients, especially those with cognitive impairment who did not have a straightforward discharge plan. These patients had been on the ward for long stay periods of up to 48 days and appeared somewhat lost in the hospital system. Although their orthopaedic condition had improved, they were not well enough or able enough to be discharged from the ward, or were waiting for a suitable place of care to become available to which they could be discharged.

Patients were safe and comfortable and told us that they were well looked after. However, those who could not readily express their needs did not always benefit from the amount of staff time required due to pressures on staff time. The ward staff had recognised this issue and had good ideas to develop a more focused service for the older patients with fractured neck of femur. This involved a greater focus on enablement and discharge and further development of staff skills in this specialist area of practice. However, staff at ward level and at hospital management level will need to further share ideas and further collaborate to make this happen.

We noted that staffing levels were adequate to maintain safety and basic care, however staff numbers were made up from a number of agency staff. The ward had implemented a good model of staff allocation with one registered nurse and one healthcare support worker in the bays. We observed a handover which indicated that staff knew the patients and their individual needs were communicated via the handover process.

We found the site management team of senior leaders to be supportive and aware of the pressures of the hospital.

Recommendation

The health board is advised to consider how different levels of care and different patient groups can be organised across the ward to assist the rehabilitation and enablement of older people.

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 its improvement plan 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 within Conwy Ward at the Ysbyty Gwynedd will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Ysbyty Gwynedd Hospital, Conwy Ward

Ward/ Department: Betsi Cadwaladr University Health Board

Date of Inspection: 29 and 30 October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	Although we made no recommendations in this section, there is cross reference with the second recommendation below.			
	Delivery of the Fundamentals of Care			
9	The ward should continue the good practice and momentum with the introduction of the fractured neck of femur care pathway. The ward is advised to look at the use of the			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	environment and make better use to support the flow of patients through the ward, dedicating an area for the more specific care of older people with a hip fracture.			
10	The health board must ensure that linen stocks are adequate at all times. The health board must ensure that adequate attention is paid to providing an atmosphere in which patients can rest and sleep in all bed areas.			
11	The ward should review the storage space to ensure that patients have access to the bathroom at all times of the day.			
12	The health board is advised to improve mealtime co-ordination including the preparation of patients with hand washing facilities offered before meals. There must be accurate recording and documenting of fluid and food taken by individual patients.			
13	The health board is advised to look at how access for staff at ward level can obtain pressure relieving mattresses more easily and in a timely way.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of Staffing Management and Leadership			
14	The health board should continue to fill vacancies to reduce the need to use excess agency staff.			
14	The ward must ensure that regular routines provide sufficient supervision to ensure the accurate completion of tasks and recording of care provided.			
15	The health board is advised to support the ward with access and release for training or to support new ways in which training can be achieved at ward level for all members of the team.			
15	The health board is advised to look at improving feedback on incidents and complaints to ward staff to further assist lessons to be learnt from incidents and complaints.			
16	The health board is advised to further develop systems by which learning from incidents and complaints can be fed back to staff at ward level			
	Delivery of a Safe and Effective Service			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
16	The health board is advised to look at ways in which congestion on the ward can be reduced to support health, safety and infection prevention and control principles. The health board is advised to look at a more suitable position for the coffee machine.			
16	HIW raised an immediate action with the health board requiring that the controlled drugs cupboard be replaced with one which meets the adequate specification for the safe storage of controlled drugs.			
17	The health board is advised to ensure that all patients have clear plans of care to assist rehabilitation and enablement and discharge from Hospital.			
18	The health board is advised to consider how different levels of care and different patient groups can be organised across the ward to assist the rehabilitation and enablement of older people.			

Health Board Representative:

Name (print): .....

Title: .....

Signature: .....

Date: .....