

Hospital Inspection (Unannounced)

**Gwenllian Ward, Bronglais
Hospital; Hywel Dda
University Health Board**

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In writing:

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

Or via

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

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1. Introduction

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

HIW's primary focus is on:

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

HIW completed an unannounced inspection of Bronglais Hospital within Hywel Dda University Health Board on 11 and 12 January 2017. The following hospital and ward was visited during this inspection:

Bronglais Hospital

- Gwenllian ward

Our team, for the inspection to the maternity ward within Hywel Dda University Health Board comprised of a HIW review manager, midwifery peer reviewer and a midwifery lay reviewer.

Further information about how HIW inspect NHS hospitals services can be found in Section 6.

2. Context

Hywel Dda University Health Board (HDUHB) provides healthcare services to a total population of around 384,000 throughout Carmarthenshire, Ceredigion and Pembrokeshire. It provides Acute, Primary, Community, Mental Health and Learning Disability services via General and Community Hospitals, Health Centres, GPs, Dentists, Pharmacists, Optometrists and other sites.

Bronglais hospital is situated in Aberystwyth, mid west Wales, and serves a wide surrounding area. It is comparatively small in size and subsequently results in some patients being referred to hospitals in Carmarthen, Swansea and further afield. The hospital has approximately 138 beds and provides a comprehensive range of in-patient and out-patient services, together with midwifery, mental health and a 24 hour Accident and Emergency department.

Gwenllian ward

Is a 13 bed combined midwifery and consultant led ward.

- Consultant led services (Labour Ward)
- Midwife led services (Birth centre)
- Two cot emergency neonate unit

3. Summary

Overall, we found evidence that Gwenllian ward provided safe and effective care, which met with the Health and Care Standards (April 2015). Patients were satisfied with the care they received and spoke highly regarding the professional, courteous and supportive attitudes of the staff.

This is what we found the health board did well:

- Patients were treated with dignity and respect (whilst on the ward)
- Information was available to patients via a variety of means
- The environment on the ward was well maintained and uncluttered
- Arrangements were in place for patients and their families to give feedback on their experiences
- We found systems were in place with the aim of protecting patients from avoidable harm and to keep them safe
- Staff had assessed patients' needs and developed written plans to meet these needs
- Arrangements were in place for the safe management of medicines
- We found good leadership and direction provided by senior staff on the ward, with systems in place to monitor the effectiveness and safety of services provided
- Staff presented as professional and knowledgeable, with numbers and skill mix within the staff team, on the days of inspection, appearing appropriate to meet the needs of patients.

This is what we recommend the health board could improve:

- Consultants could improve on record keeping
- Purchase of specific equipment to improve service provision
- Some areas of specialist training for staff
- Improved communication / engagement between consultants and staff
- Preserving dignity of patients requiring transfer to theatre

4. Findings

Quality of the patient experience

We found that patients were treated with dignity and respect whilst on the ward. This is because we observed staff being compassionate and protecting the privacy and dignity of patients and their families. However there were some concerns regarding the transfer of patient requiring emergency treatment in theatre (caesarean section).

Information was available to patients via a variety of means and they told us staff had spoken to them about their care and treatment in a way they could understand.

The environment on the ward was well maintained and uncluttered. However there was on-going work on the main hospital theatre suites, which impacted greatly on the dignity and privacy of patients needing emergency procedures. Senior hospital staff told us an estates strategy was in place and the redevelopment work on the theatres was being considered on a priority basis. Nevertheless the timescale was still 18 months away for completion of the work.

Arrangements were in place for patients and their families to give feedback on their experiences via a variety of different methods and these were clearly displayed.

Individual care

Standard 6.3 Listening and learning from feedback

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

During our inspection we invited patients and/or their partners to either complete a HIW questionnaire or discuss their views on their experiences of the

services provided. We asked for patients' views on the clinical environment, the hospital staff and the care they had received.

Five patient responses were gathered (there were six patients in the ward at the time); either via face to face interviews or returned to us separately during the inspection. Without exception, the comments received indicated staff were polite to patients and their partners. We confirmed this by observing staff being friendly and kind to patients and their partners/ visitors.

An example of the responses are;

“Midwife care at Bronglais is amazing”

“Staff had no agenda, just what WE wanted”

Father stated “I felt fully involved and everything was explained”.

We also saw ward based questionnaires given to patients to gather their views on the care that they had received. Senior staff told us that these were audited and improvement made where possible.

Senior staff explained that wherever possible staff would try and resolve concerns raised by patients or their representatives at ward level. Where this could not be achieved they were aware of the escalation process to follow so that concerns (complaints) may be considered under the *Putting Things Right*¹ arrangements.

Dignified care

Standard 4.1 Dignified care

People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

¹ *Putting Things Right* are the arrangements for managing concerns (complaints) about NHS care and treatment in Wales.

We discussed with patients and staff regarding the importance of the “skin to skin” practice² for the physical and psychological care of both parent and child. We were told that staff on the ward promoted this as best practice, although there was a concern raised by staff that this was not always possible for patients who had received a caesarean procedure in theatre. During the inspection process we were taken to the recovery area in theatre, where a discrete area had been set up, complete with baby crib to ensure this practice could be undertaken in private. This is an example of noteworthy practice and evidences how different directorates within a hospital can work together for the benefit of patients. We encourage the practice to continue.

Partners told us that they were made to feel welcome and we were shown a patients/relatives kitchen area where teas and coffees could be made.

Patients told us that they were able to speak with staff in Welsh or English and we were given an example where staff had spoken in Welsh to the baby as soon as it was born, reinforcing the chosen language of the family unit.

Sensitive support was offered at a difficult time, when parents were grieving the death of their newborn baby. The ward had a large private room with a double bed, crib and comfortable surroundings, where parents could spend as much time as they required with their baby, whilst grieving their loss. There was also a bereavement midwife to support parents through this difficult time. Staff stated that it would be beneficial if there was an electric cooling system in this room to maintain a comfortable environment. This was discussed with senior staff during our feedback and agreement given to purchase the fan immediately. This encompasses an example of noteworthy, dignified and respectful practice.

Patients who required emergency surgical intervention (caesarean section) had to be transferred to theatres which were situated at the other side of the hospital (due to refurbishment of the theatre suites above the ward). To access the current theatres patients had to be transferred by patient trolley through the busy out patient departments. Although this is the only feasible solution at the current time, it is very undignified and does not promote the respectful care of a patient. HIW will therefore write outside of this report to the Deputy Chief Executive/ Director of Operations for confirmation that, the refurbishment of the

² Skin-to-skin contact with babies soon after birth has been shown to promote the initiation of breastfeeding and protect against the negative effects of mother–baby separation. (www.nice.org.uk).

theatres, remain a high priority. **HIW received detailed confirmation and assurance from the Deputy Chief Executive/ Director of Operations on 8 February 2017 (within the set timescale).**

Improvement needed

The health board must assure HIW that timescales to complete the refurbishment of theatres is prioritised and remain on target.

Standard 4.2 Patient information

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.

Standard 3.2 Communicating effectively

In communicating with people health services proactively meet individual language and communication needs.

We saw information leaflets for patients to read on the main nurse's desk at the centre of the ward and there was also an information board in the waiting room outside the ward. We suggested that the information board in the waiting room be moved into the ward area to make the information more accessible to the patients.

Timely care

Standard 5.1 Timely access

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

We found that staff were regularly evaluating patients' progress in labour and the after care with baby, with the aim of ensuring that their individual care needs, wishes and preferences were being met. Patients told us that there was very good support to encourage breast feeding, which was offered in a calm, respectful and reassuring manner.

Patients and their partners told us that they were fully involved in all the decisions regarding the birth and the immediate after care of their baby. One patient did say however, that a water birth had been the first choice, although the birth had been so swift the pool could not be prepared in time. This had been disappointing but had not diminished the overall excellent experience on the ward.

One patient told us about the delay in offering adequate pain relief. Although paracetamol was given, due to vomiting the analgesia had not taken effect. Stronger pain relief was given but the patient felt it could possibly have been offered sooner.

Improvement needed

The ward manager must ensure that staff offer adequate pain relief in a timely manner.

Delivery of safe and effective care

Overall we were satisfied that we saw safe and effective care being delivered by competent, efficient and caring staff, who were passionate about their work.

We found systems were in place with the aim of protecting patients from avoidable harm and to keep them safe. All the clinical areas we visited were clean and free from obvious hazards.

Staff had assessed patients' needs and developed written plans to meet these needs. All patient notes, that we looked at, were clear and well documented by the midwives. The consultants need to ensure that writing is legible and planned intervention is clearly detailed. Engagement between consultants and ward staff could be improved.

Arrangements were in place for the safe management of medicines.

Safe care

Standard 2.1 Managing risk and promoting health and safety

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

There were arrangements in place to maintain the safety of patients and staff in the areas we visited

For example, entry to the ward was gained via an intercom system. We observed staff politely asking visitors the reason for their visit before allowing them to proceed. We did not identify any obvious environmental hazards during our inspection.

There was a mixture of single rooms and small bays and we saw that patients' privacy was protected by closing doors or drawing privacy curtains. Staff told us that patients' individual needs were assessed on admission and if this identified a single cubicle was needed, arrangements would be made for this wherever possible.

We saw that relevant risk assessments had been completed as part of the patient admission process to hospital.

The ward had adopted the “Fresh Eyes”³ approach to ensure that the Cardiototography⁴ graphs were read every two hours by another midwife or clinician. This enhances the accuracy of interpretations and is seen as a means of support to a midwife working alone.

We discussed the management and processes for safe practice whilst caring for neonatal babies, considering there was no neonatal consultant employed at the hospital. We were assured that systems were in place to reduce the probability of delivering a baby who may need the service by the early referral, (during ante natal clinics) to Glangwili or Morriston hospitals. However, in an emergency situation staff explained that three midwives were trained to care for neonatal babies and in house training was undertaken regularly as part of the “skills and drills” training. It was also explained that the CHANTS⁵ team supported the staff and were quick to respond, ensuring the right clinicians were available as soon as possible to take over the care and transport the baby to an appropriate hospital for further care. The unit was well equipped, but again staff told us that an electronic cooling system (Dyson) would be beneficial to maintain optimal temperature in the unit. This purchase was also agreed by senior staff during our feedback.

Staff told us they had received neonatal life saving training but would appreciate the opportunity to undertake recognised neonatal intensive care training. This would enable more staff to provide the specialist intensive care required for babies who are born prematurely or become very unwell. Senior staff agreed that this would be arranged. Meanwhile, it had been arranged for staff to gain experience by working in the special care baby unit in Glangwili hospital. We had no concerns regarding the specialist care provided in the neonatal unit.

³ The ‘fresh eyes approach’ (Fitzpatrick and Holt, 2008) can enhance the accuracy of Cardiototography interpretation as the tracings are viewed by more than one person.

⁴ Cardiotocography is a technical means of recording the fetal heartbeat and the uterine contractions during pregnancy.

⁵ CHANTS Cymru inter-Hospital Acute Neonatal Transfer Service

Standard 2.4 Infection Prevention and Control (IPC) and Decontamination

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

All the clinical areas we visited were very clean and tidy. Comments received via completed HIW questionnaires and face to face interviews also confirmed this. All areas had arrangements in place to reduce cross infection.

We saw that staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available, together with posters displaying the correct hand washing procedure to follow as a visual prompt for staff. We also saw hand sanitising stations strategically placed near entrances/exits and around clinical areas for staff and visitors to use.

We also found that procedures were in place within each area to check and clean equipment to ensure this was safe to use and reduce the spread of infection.

We did, however, see a senior member of staff wearing a plastic apron over non uniform clothes, in a room where a baby was being delivered. We discussed this with the staff member involved and it was clarified that it was in a supportive role for a junior midwife and there was no hands on care involved.

Staff we spoke to confirmed they had access to the health board's policies and procedures on infection control within the clinical areas where they worked. Staff also confirmed they had attended training on infection control within the last 12 months. We saw that regular audits had been completed in respect of infection control within the clinical area we visited.

Standard 2.6 Medicines management

People receive medication for the correct reason, the right medication at the right dose and at the right time.

Overall, we found arrangements in place for the safe management of medicines used in the clinical area we visited.

We saw that medicines were securely stored when not being used. Medicines requiring refrigeration were being correctly and securely stored. We saw the refrigerator temperatures had been regularly checked and monitored.

We looked at a sample of medication records and saw these had been completed correctly. We found safe practice in respect of the administration of medicines.

Records had been maintained of the amounts of controlled drugs held and administered on the wards and neonatal unit.

Standard 2.7 Safeguarding children and adults at risk

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.

As described earlier, security measures were in place to protect patients within the ward. Conversations with staff indicated they had a good understanding of safeguarding processes to protect the welfare and safety of patients who may be at risk.

Staff had access to a safeguarding lead person who could provide advice and support to staff on safeguarding issues.

Standard 2.9 Medical Devices, Equipment and Diagnostic Systems

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems.

We saw that a range of medical and nursing equipment was available which was visibly clean and appeared well maintained.

Staff explained that they regularly checked equipment and we saw written logbooks to support the process described. Written policies were in place to guide staff on the correct cleaning and decontamination of neonatal cots and incubators.

Discussion with staff indicated that the ward and theatre would benefit from specific blood loss weighing scales to ensure accurate recordings were made.

We were also told about an ultra sound scanner which was over 20 years old and no longer adequate for purpose. This needs to be addressed as a priority and the health board needs to ensure that clinicians are appropriately trained to use any new equipment; especially with the geographically remoteness of the hospital from other district general hospitals.

We discussed the use of a foetal blood sampling machine and were told that they did not have access to this machine in Bronglais. This also needs to be addressed, considering there is a neonate facility on site. Senior staff indicated that there had been discussion within the health board regarding the use of lactate sampling rather than foetal blood. Either way, the health board needs to make a decision and the facility needs to be made available in Bronglais as soon as possible.

Improvement needed

The health board needs to ensure that staff have the equipment required to undertake the work expected of them. Specifically; blood loss weighing scales, ultra sound scanner, foetal blood or lactose sampling machine.

Effective care

Standard 3.1 Safe and clinically effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs.

We found many examples of innovative practice within Gwennlian ward. Staff explained that since the move to the new ward and the changes in leadership, patient care had become more evidence based and care could be tailored to meet the needs of the individual patient. This was made possible with the improved facilities and the open and proactive management style.

Standard 3.3 Quality improvement, research and innovation

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

Staff had access to learning opportunities for their continuing professional development. Designated practice development staff were employed who arranged relevant study days. They also worked alongside staff to facilitate sharing of up to date and best practice.

We were told of and given examples of good engagement with the Supervisor of Midwifery (SoM) for the region.

We attended a case review meeting to observe how lessons are learned and improvements identified and actioned. The meeting was led by the midwives with very little engagement or guidance for improvement from the clinicians. We saw how lessons were learned in one particular case but it was difficult to measure how the discussion on other cases would be translated into improvements in care and cascaded to other staff on the ward.

Improvement needed

The ward manager needs to review the case review meetings, formalise outcomes and establish frameworks for evidencing lessons learned.

Staff attended many cross hospital forums and meetings such as; practice labour ward forums, monthly obstetrics and gynaecology meetings and quality assurance meetings. This meant that practice was continually updated and best practice shared.

Standard 3.5: Record keeping

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

Overall we found patient records had been well maintained.

We considered a sample of patient records currently being used within the clinical area we visited. We saw that multi disciplinary (team) patient records were in use. We found regular written entries had been made within patients' notes, which effectively demonstrated a multi disciplinary approach to patient care. We did identify some areas for improvement. Specifically this was in respect of the legibility of some consultants written entries and clearly printing their name and designation in accordance with professional standards for record keeping. This has been discussed with the Medical Director for the health board on previous inspections throughout the health board and it is

unsatisfactory that this continues. This will be dealt with through the action plan of this report and through written communication outside of this inspection process. **HIW received a letter of assurance from the Executive Medical Director /Director of Clinical Strategy prior to publication.**

Improvement needed

The health board must make suitable arrangements to ensure clinicians maintain patient records in accordance with current professional standards for record keeping.

We found patient records were being stored securely when not in use to prevent access by unauthorised persons.

Quality of management and leadership

We found good, visible, leadership and direction provided by senior staff on the ward. Systems were in place to monitor the effectiveness and safety of services provided.

Staff presented as professional and knowledgeable, with numbers and skill mix within staff teams appearing appropriate, on the day of inspection, to meet the needs of patients.

Staff confirmed they had access to training opportunities relevant to their role. Practice development and education liaison midwives were employed to assist staff with their practice development needs.

Governance, leadership and accountability

Health and Care Standards, Part 2 – Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.

We found good, visible, leadership and direction provided by senior staff on the ward. There was a pro-active management approach to care, with clear lines of accountability and responsibility. Systems were described as being in place to monitor the effectiveness and safety of services provided.

Staff told us that since the service had been moved to the new ward (approximately two years ago) there had been innovative changes to practice. Staff were responsible for individual areas of care provision, ensuring that colleagues were up to date and that policies and equipment were current and well maintained.

Senior staff described the systems in place to monitor the effectiveness and safety of services provided. These included local audits associated with patient care and staffing to monitor compliance with health board standards and processes. Audits were also completed with regard to concerns (complaints) and patient safety incidents with a view to ensuring that staff were supported to improve their practice wherever possible and make improvements to the provision of service as appropriate.

During our inspection, we invited staff to complete a HIW questionnaire. Through our questionnaires we asked staff to provide their comments on a range of topics related to their work. In total, six completed questionnaires were returned. Overall, staff who completed and returned questionnaires indicated their immediate manager was supportive and provided clear feedback on their work. All staff indicated that their manager encouraged team work. Comments were more mixed regarding change, with some respondents indicating that senior managers did not always involve them when making decisions that affected their work. The health board may wish to explore the reasons for the purpose of establishing how improvements can be made.

Comments made within completed questionnaires indicated that staff were aware of who their senior managers were, but felt communication between senior managers and staff could be more effective. We understand that there has been a change in senior management and these comments may describe historical arrangements.

Communication and engagement by consultants could be improved. We found that there seemed to be a culture of poor communication, not only between consultants and staff on the ward but also the consultants and their colleagues within the health board. Because of this, we saw evidence of differing practice between each hospital within the health board. For example, if a patient required labour inducing drugs, consultants in Gwent would prescribe different drug regimes to their colleagues in neighbouring hospitals. This improvement will be dealt with outside of this report.

Staff and resources

Standard 7.1 Workforce

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

Staff presented as professional and knowledgeable, with numbers and skill mix within the staff team appearing appropriate to meet the needs of patients on the day. Discussion held regarding staffing levels, identified potential risks if there was an adverse event. There are generally two midwives and one health care support worker (either band 2 or 3). However, if two patients were in labour it would not leave any midwives free to attend to antenatal / postnatal patients. Staff told us that they were able to call upon the community midwives for support if they were not busy with their own patients. Realistically we were told that regular staff on the ward would come in to cover or there were some

reliable midwives on the health board bank nurse system that were familiar with the ward and they would be requested.

We saw staff working well together as a team and staff said moral was good with one member stating, “ I love my job”.

Senior staff explained the health board had an escalation policy which was to be implemented in the event of a staff shortfall and/or increased patient dependency.

All staff who returned questionnaires indicated they had attended training (including taught courses and learning through on-the-job training and shadowing) within the last 12 months on topics such as; health and safety, fire safety and infection control. Most indicated they had also attended training in relation to the speciality of care in their clinical area.

Overall, the responses we received indicated that staff felt the training they had attended had helped them do their job more effectively and to deliver a better patient experience.

We saw information displayed within the clinical area on a range of relevant training sessions available to staff. Practice development nurses were also employed to assist and support staff with their practice development needs.

5. Next Steps

This inspection has resulted in the need for the health board to complete an improvement plan (Appendix A) to address the key findings from the inspection.

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

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

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

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

6. Methodology

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

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

Figure 1: Health and Care Standards 2015



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

- **Quality of the patient experience:**
We speak with patients (adults and children), their relatives,

representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

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

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

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

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Bronglais Hospital

Ward/ Department: Gwenllian ward

Date of inspection: 11 and 12 January 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
Quality of the patient experience					
Page 7	The health board must assure HIW that timescales to complete the refurbishment of theatres is prioritised and remain on target.	4.1	The theatre refurbishment programme is in progress and is scheduled to be completed within target timeframe in early Spring 2018	Director of Operations	Spring 2018
Page 8	The ward manager must ensure that staff offer adequate pain relief in a timely manner.	5.1	<ul style="list-style-type: none">Audit of administration of pain relief commenced.All staff reminded to be alert to their patients' requirements	Helen Jones	Audit to be reviewed in 1 month. April 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
Delivery of safe and effective care					
Page 13	The health board needs to ensure that staff have the required equipment to undertake the work required of them. Specifically, blood loss weighing scales, ultra sound scanner, foetal blood or lactose sampling machine.	2.9	<ul style="list-style-type: none"> • Scales to measure blood loss already purchased and in use. [1 sited on the unit and 1 sited in theatre] • Cooling fan already in use in neonatal stabilizing unit, 2nd fan for the bereavement room currently on order – delivery expected April 2017 • Replacement of Unit ultrasound scanner to be prioritised as part of HB Discretionary Capital Programme for 2017/18. • The HB is currently reviewing its replacement strategy for Fetal Blood Sampling machines. Procurement of an appropriate unit for Bronglais Maternity Unit (to include a lactose sampling function) is subject to this review which will also consider emerging clinical thinking regarding indications for use of FBS during intrapartum care. As an interim measure pending completion of 	<p>Helen Jones</p> <p>Helen Jones</p> <p>Keith Jones</p> <p>Julie Jenkins</p>	<p>Action Completed</p> <p>April 2017</p> <p>Target replacement June 2017.</p> <p>Interim solution currently in place (via Pathology service).</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			this review, FBS is available via the 24hr Pathology service on site at the hospital.		
Page 14	The ward manager needs to review the case review meetings, formalise outcomes and establish frameworks for evidencing lessons learned.	3.3	<ul style="list-style-type: none"> • Template to record outcomes and lessons learned/ actions implemented (This has been displayed in the clinical effectiveness room and issued to all staff). • Case review lessons to be shared at HB MTD meeting (Labour ward forum meetings). • Attendance register implemented for all staff 	Helen Jones Helen Jones Helen Jones	Action Completed Action Completed Action Completed
Page 15	The health board must make suitable arrangements to ensure clinicians maintain patient records in accordance with current professional standards for record keeping.	3.5	<ul style="list-style-type: none"> • Issue highlighted with consultant obstetrician. • Signature/ identification sheet introduced to all documentation to identify scribe • Quarterly audit of case note legibility to be introduced commencing April 2017. 	Helen Jones Helen Jones Helen Jones	Action Completed Action Completed April 2017
Quality of management and leadership					
	No improvement needed		N/A	N/A	N/A

Health Board Representative

Name (print): **Keith Jones**

Title: **General Manager**

Date: **22nd March 2017**