

Hospital Inspection (Unannounced)

Aneurin Bevan University Health
Board / Ysbyty Ystrad Fawr /
Rhymney Ward; Medical
Assessment Unit; Oakdale Ward

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2017

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Ysbyty Ystrad Fawr within Aneurin Bevan University Health Board on 27 - 29 June 2017. The following areas were visited during this inspection:

- Rhymney Ward
- Medical Assessment Unit (MAU)
- Oakdale Ward

Our team, for the inspection comprised of two HIW inspection managers, two clinical peer reviewers, two clinical fellows and two lay reviewers). 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.

2. Summary of our inspection

Overall, we found evidence that all three hospital areas we inspected (Rhymney ward, Medical Assessment Unit and Oakdale ward) provided safe and effective care. However, we found evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- We found that the health board had implemented most of the improvements as outlined in their improvement plan following our inspection of Rhymney ward in 2015
- Overall the patient feedback we received about services was positive and we saw staff treating patients with respect across all three areas inspected
- We found good multi-disciplinary team working on Oakdale ward which supported the effective planning of patients' care to promote independence
- We found good assessment and management of patients' nutritional needs and noted staff on Oakdale ward made every effort to meet patients' individual preferences
- We found kind and dedicated staff teams and supportive senior management.

This is what we recommend the service could improve:

- Although the health board had carried out most of the actions specified in their improvement plan following our inspection in 2015, we found that further improvements in the areas of medicines management and record keeping were still required
- The accessibility and visibility of patient information, and ensuring patients are aware of who they can speak with about their treatment, required improvement on Oakdale ward and the MAU.

- The health board must consider how to promote systems which allow patients and carers to provide feedback on services on an ongoing basis
- Formalisation of processes is required for the triaging of patients in MAU and in aspects of surgical care on Rhymney
- The health board must explore the feedback given by junior doctors and make improvements to the areas identified in rotas, supervision and support
- The health board must review staffing on Oakdale ward to ensure staff are able to attend to patients in a timely way.

3. What we found

Background of the service

Aneurin Bevan University Health Board was established on the 1 October 2009 and covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

Ysbyty Ystrad Fawr is a local general hospital in Ystrad Mynach, Caerphilly. It opened in 2011 and replaced Caerphilly Miners' Hospital, Ystrad Mynach Hospital, Ty Sirhowy Mental Health Unit and smaller community hospitals in the area.

The hospital has 269 beds, all single ensuite bedrooms. The hospital also has a nurse-led Medical Assessment Unit within a 24-hour local emergency centre, an integrated mental health unit, and provides day surgery, comprehensive diagnostic, outpatient and therapy services.

HIW last inspected Ysbyty Ystrad Fawr on 20 January 2015. This consisted of a single ward inspection of Rhymney ward.

The purpose of our inspection this time was to:

- Follow-up on the improvements identified at the last inspection, on Rhymney ward
- Test whether the improvements identified at the last inspection had been rolled out to other areas of the hospital. We completed a focussed inspection of MAU for this purpose
- Carry out a full inspection of Oakdale ward.

The key areas for improvement identified at the last inspection included aspects within medicines management and record keeping. These were therefore the areas of focus for the inspections of Rhymney ward and MAU. Where other issues arose during the inspection of these areas, they are reported under the heading entitled 'Rhymney/MAU' under the relevant standards below.

The details of the areas we inspected are as follows:

- Rhymney ward is a 28 bedded (14 trolley bays and 14 single bedrooms) surgical day unit specialising in orthopaedic, gynaecology, urology, breast, audiology and general surgery. It is a nurse led discharge unit

- MAU is adjoined to a separate minor injuries unit. This MAU is staffed with Medical Doctors, Advanced Nurse Practitioners (ANP), Qualified Nurses and Health Care Assistants (HCA's). The MAU can assess and treat patients referred from the GP, patients redirected from MIU, patients with medical problems transferred from ambulances and patients who self present with medical problems. MAU can accommodate ten patients. There are two bay areas holding four beds/trolleys each; one cubicle, one private pod and one triage area.
- Oakdale ward is a 30 bed (all single rooms) medical/rehabilitation ward.

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 the patient feedback we received across all three areas of the hospital we inspected was positive. Across all areas we saw staff treating patients and carers with respect. On Oakdale ward we saw the positive use of memory books and memorabilia to promote individualised care. The current waiting room in MAU was small and inappropriate for service demand and therefore had the potential to impact on maintaining patients' privacy and dignity.

Patient information and communication required improvements on Oakdale ward and MAU to ensure up to date, visible and accessible information was provided to patients.

Although a patient flow coordinator post had improved access to timely care across the hospital, we saw that staff faced challenges in delivering the daily implementation of timely care on Oakdale ward, for example, in responding promptly to call bells.

We found good multidisciplinary working, particularly on Oakdale ward where this had a positive impact in planning patients' care to promote independence. We also saw a good example of staff upholding one patient's specific rights on Oakdale Ward.

It was positive to see that the health board had managed to maintain a volunteer service, despite challenges. However, there was the need for further mechanisms to be put in place to empower patients to provide feedback on services on an ongoing basis.

The health board should consider how it communicates the hospital's facilities and services to the public to ensure there is clarity around the hospital's remit and function.

During the 2015 inspection of Ysbyty Ystrad Fawr we did not identify any improvements to the patient experience.

During this inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided, across all three areas visited. A total of 12 questionnaires were completed (five on Rhymney, five on MAU and two on Oakdale). We also spoke with a number of patients and carers informally during the inspection. Overall patients gave positive feedback across all three areas.

Rhymney

On Rhymney ward, all patients provided very positive feedback in the questionnaires about their stay on the ward; they rated the care and treatment provided on the ward as excellent, and strongly agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed.

"My care from when I entered the ward has been excellent...10 is too low a score for the care and the staff here looking after me"

"Fantastic care on ward by staff. Really pleased. Would like to nominate staff for award"

MAU

On MAU, feedback provided by patients in the questionnaires was positive; they rated the care and treatment provided as eight out of ten and the majority of patients strongly agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed.

However, some patients commented in the questionnaires that while the care provided was good, there were problems with a lack of communication:

"Staff have been attentive and willing to listen. Care has been done straight away but overall, left without communication and left waiting"

"Two nurses have been fantastic. The big downfall here is communication; staff don't tell us what's going on. It would put us at ease. Greater explanation would be appreciated - haven't yet been told anything"

Oakdale

On Oakdale ward, both respondents to the questionnaires provided very positive feedback about their stay on the ward; they rated the care and treatment provided on the ward as excellent, and agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed.

"Excellent care"

While both confirmed in the questionnaires that they always had access to a buzzer, only one of them strongly agreed that staff came to them when they used the buzzer.

Issues raised with us through both patient questionnaires and discussions with patients are further addressed under the relevant standards below.

Staying healthy

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

Oakdale

It was positive to see that patients had access to information about the ward through 'Welcome to Oakdale' packs in their rooms.

We found good displays of patient information on Oakdale, in addition to health promotional leaflets to support patients in taking responsibility for their own health and wellbeing.

Although there was a range of patient information available, we found that some leaflets were out of date and new versions were required.

Improvement needed

Staff on Oakdale ward must ensure that information leaflets are updated on an ongoing basis so that patients have access to current information.

Dignified care

Across all three areas we visited during the inspection we saw staff interacting with patients and carers with respect.

Rhymney and MAU

We observed kind and caring interactions between staff and patients on both Rhymney and MAU.

On the Medical Assessment Unit we saw that there was currently a lack of space for patients waiting to be seen, due to the waiting room being smaller than was now required due to service demand. This meant that patients were, at times, waiting in corridors when the cramped waiting room was full. Although we saw that staff were discreet in their interactions with patients, this had the potential to impact on the upholding of patients' privacy and dignity. Patients in wheelchairs were not able to access the waiting room and had to wait in the corridor. Management staff told us about a funding proposal currently being considered to authorise the extension of this area. This area requires review and consideration by the health board to ensure improvements are made.

Oakdale

We observed kind and caring interactions between staff and patients on Oakdale ward and staff knew patients well. Some patients with confusion had access to their own personal memory photo books and memorabilia to support their cognition and to support staff in building relationships with them. We saw that the ward had been assessed in terms of being dementia friendly with adjustments being made, which demonstrated that the health board had considered the needs of those patients in the physical environment.

The ward environment was accessible and we saw schemes in use to identify those patients with confusion, in order to assist staff in delivering individualised care. Each patient had their own single, ensuite accommodation with their own television, personal items and notice boards. This provided a pleasant environment for patients and meant care and treatment could be discussed privately.

There was a room available for families to use if their relative was receiving palliative care. This meant there was provision for family members to stay with their loved ones when nearing the end of life.

We saw an active volunteer service on the ward with volunteers able to spend time with patients. A hairdressing service was also available. Senior

management staff told us about the recent reduction of the volunteer service, due to funding issues outside of the health board's control. It was positive to see that the health board had been proactive in devising a local solution to ensure that a volunteer service could continue, with the plan to expand this in the future.

Improvement needed

The health board must consider how waiting areas for patients in MAU can be made fit for purpose in terms of size and in maintaining patients' privacy and dignity.

Patient information

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

However, on MAU we noticed that there was a lack of information on display. Although there was some information about the MAU service in the waiting area, most patient information was displayed in other areas. There was also a lack of information about the members of staff working, to enable patients to know who they could speak with about their care and treatment.

Oakdale

There was a range of information displayed and available to patients on Oakdale ward. Patients told us they felt all health professionals took their time to explain their care and treatment to them.

However, there were a number of patients with confusion and we saw that there was a lack of accessible information. Patients told us they were not always clear about who to speak with about their care, or if they had a concern, and we did not see any particular accessible mechanisms in place to support patients with identifying staff. There was a photo board but this did not state name or job role. The health board should consider how to improve the accessibility of patient information on Oakdale ward.

Improvement needed

Patient information should be displayed within all relevant areas of the MAU.

The health board must ensure that patient information is provided in accessible

formats, particularly on Oakdale ward where there were a number of confused patients. Staff must ensure that patients know who they can speak with about their care and treatment.

Communicating effectively

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

However, on the MAU patients raised with us that they were unclear about who they could ask/direct their queries to, in relation to their treatment in the unit, and told us they felt that communication could be improved.

Oakdale

On Oakdale, we saw that staff knew patients well and were aware of their individual communication needs. We saw good communication between staff and patients on the ward.

Staff told us they did not have access to a hearing loop to support their communication with patients who use hearing aids. The health board must ensure the ward has access to communication tools to support interactions with patients.

Hospital

Some patients we spoke with were unclear about the remit of the hospital and the services it provided. Some patients viewed the hospital as an emergency department, even though the provision was a minor injuries unit with satellite access to diagnostic services after 5pm. Staff told us that MAU tended to close around 1am presently. We saw that the road signage to the hospital was not helpful in this respect and health board communication, for example, on the website, portrayed the hospital as an emergency centre. In order to ensure that patients' expectations are managed, the hospital should provide sufficient and comprehensive information regarding the services it provides.

Improvement needed

The health board must consider how to improve communication with patients on MAU, particularly in ensuring that patients are aware of whom they can speak with about their care and treatment.

The health board must ensure that staff on Oakdale ward have access to the communication tools required to support staff with patients' individual communication needs.

The health board must ensure that patients' expectations are managed, by providing sufficient and comprehensive information regarding the services it provides.

Timely care

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

However, on MAU patients raised with us that they were experiencing delays in receiving their blood results. We explored this and found that there was a lack of access to diagnostic services on site after 5pm.

Whilst on Rhymney ward we found it necessary to bring to the attention of clinicians a patient whose NEWS had escalated but was not acted on. At this point the patient was reviewed, placed on regular observations and appropriate tests undertaken. This raises concern about the ability of the service to recognise a deteriorating patient

Oakdale

We saw that the introduction of a patient flow coordinator at the hospital had improved delays in discharge and staff told us the length of stay for patients on Oakdale Ward had reduced as a result.

In regards to meeting patients' needs on a daily basis on the ward, we saw that staff sometimes experienced difficulties in attending to patients in a timely way. For example, we observed two patients waiting ten minutes and three patients waiting eight minutes for their call bells to be answered. Our discussions with patients confirmed that they felt, although staff were doing their best, there was sometimes a wait to be seen. This is addressed further under the quality of management and leadership section below.

Improvement needed

The health board must ensure that patients' blood tests and other diagnostic test results can be accessed after 5pm, or that an appropriate protocol is in place to continue to access diagnostics and manage patients' ongoing care outside of office hours.

Individual care

Planning care to promote independence

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

However, on MAU we saw a particularly good example of safe and effective triaging by professionals when a young patient attended the department.

Oakdale

Overall on Oakdale ward we found good systems in place to support the planning of patients' care to promote independence.

There was an active multi-disciplinary team in place including physiotherapists, and occupational therapists and we saw that daily multidisciplinary board rounds helped to support the holistic assessment and treatment of patients. We saw good implementation of intentional rounding¹ as a system to ensure patients were monitored on an ongoing basis.

Staff were active on the ward in supporting patients to mobilise and we saw that patients had access to a range of equipment and aids to support them in mobilising. Patients' exercise plans were displayed within their bedrooms to support ongoing exercise patterns.

¹ Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.

We saw staff supporting patients to mobilise and offering the choice to patients to spend time in the communal room or in their own rooms which provided individualised environments and in some cases, memorabilia, to support with cognition. The communal area was not used much during our inspection but we saw that staff offered activities where they were able to and activities run by the physiotherapist in communal areas were offered to patients when there was a demand.

One area of noteworthy practice was the use of reminiscence therapy on the ward which staff told us was supported by the consultant, to support patients both emotionally and with their cognition and understanding.

We saw good examples of discharge planning and the patient flow coordinator role played a significant part in reducing the numbers of delayed discharge on the ward.

People's rights

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

Oakdale

On Oakdale ward we found one patient who was currently subject to Deprivation of Liberty Safeguards (DoLS)². Staff demonstrated a good knowledge of DoLS and the patient's rights in this regard. We also found that all documentation relating to DoLS had been completed and updated appropriately and in line with specified timescales. The patient had received appropriate input from mental health professionals when required. There were information leaflets available on the ward for patients and carers. This was an area of good practice.

² The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom

Listening and learning from feedback

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

Oakdale

Management staff told us that the volunteer service supported Oakdale ward with carrying out questionnaires with patients. However there had recently been a reduction in the volunteer service and we could not be assured that there were systems in place which supported patients to provide feedback on an ongoing basis.

The health board followed the 'Putting Things Right'³ guidance to manage complaints. There had been six complaints in the last year on Oakdale ward. We saw that ward staff took action where this was appropriate, in the first case, to try to resolve the complaint. We saw that complaints were recorded and escalated by ward staff to senior management, with actions being taken as appropriate. Complaints were monitored for themes and trends and staff gave us an example of how service improvements were made as a result. For example, specific communication training had become mandatory for all staff on the ward, due to the analysis of complaints themes.

Some patients told us they did not know how they could raise concerns and we saw that the complaints information displayed on the ward was out of date and required replacement.

As part of our inspection HIW also distributed staff questionnaires and regarding patient feedback, most of the staff on Rhymney ward and half the staff from Oakdale Ward and MAU who completed a questionnaire knew that patient experience feedback was collected and used to make informed decisions within their directorate or department.

³ 'Putting Things Right' are the current arrangements for managing concerns in the NHS in Wales.

Improvement needed

The health board must consider how to empower patients and carers to provide feedback on their care and treatment on an ongoing basis on Oakdale ward.

Complaints information on Oakdale ward must be replaced with up to date versions.

Delivery of safe and effective care

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

In all three areas we inspected, we found good examples of the delivery of safe and effective care. We also found areas where improvements were needed in order to fully comply with the Health and Care Standards.

Further improvement was needed in the areas of medicines management and record keeping following our 2015 inspection

We reviewed the management of pressure damage on Oakdale ward and overall found effective management. However, the evaluation of care and evidencing of timely interventions required improvements. We found good staff awareness of falls management. However, some consideration of carrying out falls risk assessments on Rhymney ward is required.

Overall we found good management of infection prevention and control, however, we identified some areas within the environment on Oakdale ward that required improvement. Cleaning schedules also need to be fully completed on Rhymney ward and the MAU.

Staff training in both adult and child protection training required improvements across all three areas.

We identified aspects of two processes that required review to ensure they were safe and effective. This was in relation to triaging patients in MAU and allocating patients to the waiting area; and aspects of the surgical process on Rhymney ward.

During the 2015 inspection of Ysbyty Ytstrad Fawr we identified aspects of medicines management and record keeping which required improvement. The details of the improvements we identified in 2015, the actions the health board

said they would take and what we found on our follow up of Rhymney ward and the focussed inspection of MAU, are detailed under the two relevant standards below.

Safe care

Managing risk and promoting health and safety

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward. However during our tour we identified one area on Rhymney ward requiring improvement.

On Rhymney we found fire doors being propped open (pantries and store room). The store room contained razors which could present a risk if accessed. Assembly points also needed to be added to mounted fire procedures to adhere to fire regulations.

Apart from the small waiting area on MAU, we found all areas of the hospital to be pleasant, providing ample space and good patient and carer facilities.

Oakdale

Overall we found patients' health, safety and welfare was promoted and protected on Oakdale ward.

The physical environment provided ample space for patients and staff to move around and there was adequate space dedicated to storage. During a tour of the ward we found areas accessed by patients and the public to be well organised and free of visible health and safety risks.

However, over the course of the inspection we found one cleaning room unlocked with a cleaning cupboard left open. The cupboard contained items that require secure storage under the Control of Substances Hazardous to Health (COSHH) guidelines. We also found that COSHH items were being stored alongside mugs and food items which required separation. Cardboard boxes were also being stored on the floor.

We also found that the rear exit of the ward was not always locking and this required attention to ensure sufficient ward security.

Improvement needed

On Rhymney ward, fire doors must not be propped open. Assembly points

should be added to mounted fire procedures.

COSHH items must be securely stored on Oakdale ward and the issues identified with the cleaning cupboard must be resolved.

The locking mechanism on the rear exit on Oakdale ward must be repaired.

Preventing pressure and tissue damage

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

However, on looking at patients' records in the MAU we found that some Waterlow scores had not been carried out for all patients. We raised this with staff and these had been completed the following day. Staff must ensure assessments to determine patients' risks of developing pressure damage are consistently carried out.

Oakdale

In two sets of patient records we found that where patients had areas of pressure damage, actions were being implemented to manage these areas. We saw regular checks were being documented and the tissue viability service was involved where required to offer specialist input. However, in one of these cases, a pressure-relieving mattress was not in place despite a high level of risk indicated. Although we saw that care plans were in place, there was a lack of evaluation of the care plans and lack of a recorded timely response, to evidence how wounds were being effectively managed on an ongoing basis.

We found that some of the wound care documentation was of a poor quality due to the template being photocopied and copies required refreshing.

We also found that one patient's pressure ulcer had not been reported as an incident at the time it was identified, which was not in line with the health board's policy.

Improvement needed

The health board must ensure that Waterlow scoring is consistently carried out on MAU.

On Oakdale ward, patients' pressure damage care plans must evidence the ongoing evaluation of the area to demonstrate effective ongoing management.

Pressure-relieving equipment must be accessed where required. Photocopies of the wound care template must be refreshed to ensure they can be easily read. Staff must report pressure ulcers through the health board's Datix system as indicated by the health board's own policy.

Falls prevention

Rhymney/MAU

On Rhymney ward we found that falls risk assessments were not carried out. Staff explained that this was because most of their patients were typically mobile and independent. However, during our inspection we found that one patient (who was confused) had fallen the previous day and a falls risk assessment had not been carried out. We advised the health board to consider patients' needs in terms of falls on an individual basis and ensure that assessments are in place where these are required.

On MAU we found risk assessment booklets in place, which included a falls risk assessment section. However, due to new falls risk assessment documentation being introduced, staff now had to complete these assessments separately to the booklet. The patients we reviewed were not at risk of falls, but staff showed awareness of the process of risk assessing patients where required.

Oakdale

On Oakdale we found full and comprehensive falls risk assessments and plans in place. Staff demonstrated good knowledge around falls awareness and prevention.

We saw that falls were recorded and monitored. There had been 13 patient falls in June. Staff told us this was partly due to the environment which made monitoring of patients difficult.

Improvement needed

The health board must consider the need to implement falls risk assessments on Rhymney ward so that patients' individual needs around falls can be appropriately risk assessed and managed, where required.

The health board must outline the work currently happening to reduce falls and how they plan to reduce patient falls across the hospital site and more specifically on Oakdale ward.

Infection prevention and control

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward. However it came to our attention in both areas that cleaning schedules were not being fully completed. Although areas appeared visibly clean, this meant that we were not able to check whether regular required checks, such as water flushing, were taking place. On Rhymney ward there was an odour inside several of the pre-assessment rooms which suggested that water flushing may not be taking place. The health board must be assured that these checks are being implemented on an ongoing basis.

We also found some hand gel dispensers on MAU were empty, including the one in the patients' waiting area.

Oakdale

Overall we found good management of infection prevention and control on Oakdale ward, however several aspects in the environment required improvement.

The ward appeared clean and tidy and we saw that individual cleaning schedules were maintained for patients' rooms and for equipment.

We saw that staff had access to personal protective equipment and we saw staff washing their hands before attending to patients. Staff had good knowledge of infection control and prevention measures. However, we saw that not all staff were bare below the elbows⁴.

There was a good sepsis information board and we saw that there was a "sepsis management" grab box in place for ease of access for staff.

⁴ 'Bare below the elbows' means that healthcare staff should not be wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves

Some aspects within the sluice required improvement. We found two dirty urinal holders and two visible areas of dried urine on these. The hand gel dispenser was also empty in this area.

The ward bathroom was currently being used to store some leaflets and patients' belongings and this required clearing to ensure the area could be appropriately used as a bathroom.

We found that sharps boxes were not labelled and dated.

Improvement needed

Cleaning schedules on MAU and Rhymney must be fully completed. The health board must be assured that water flushing checks are being implemented on an ongoing basis, particularly in the pre-assessment rooms on Rhymney ward. Gel dispensers on MAU must be re-filled regularly.

On Oakdale ward, all staff must adhere to the bare below the elbows policy. The ward bathroom should be cleared of the items currently stored there. Hand gel must be available within the sluice at all times and equipment within the sluice must be cleaned in a timely way. Sharps boxes must be labelled and dated.

Nutrition and hydration

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

Oakdale

We found good management of patients' nutritional needs and support on Oakdale ward. We found that food and fluid charts were used appropriately and had been completed to assist in monitoring patients' intake. We found that staff assisted patients with eating and drinking where this was required and we saw staff supporting patients to stay hydrated.

We observed a meal time on the ward and found it to be well organised and positive in terms of the patients' experience. Patients received a menu at the beginning of the day to choose their meal and protected mealtimes meant that patients were not disturbed. We saw that staff offered choices to patients and were able to meet individual requests for specific food items which was particularly positive.

We found that new food trolleys were being used and could only be plugged in at the entrance to the ward. This was creating a physical block to the ward and was not practical in terms of continuing to use this as the main entry/exit point whilst meal service was in operation.

Improvement needed

Staff should ensure that food trolleys can be plugged in at points on Oakdale ward that allow for the safe distribution of food, without creating a blockage to the entry/exit point.

Medicines management

Following our 2015 inspection, we asked the health board to make two improvements to medicines management. The improvements we identified, the action the health board stated they would take and our findings from this inspection are detailed below:

- HIW improvement needed: All prescribed medication must be signed by an appropriately qualified practitioner before administration to a patient.
- Health board response: On Monday 9th March 2015 as part of the regular ward meetings staff were advised of the ABUHB policy for medicine management. It has been requested that all staff have access to the policy and once read they will be requested to sign and document that they have read and understood.

Rhymney, MAU and Oakdale

Across all areas we inspected we found that oxygen was still not being prescribed and the system of pre-printed stickers was still in use.

- HIW improvement needed: Two appropriately trained staff must witness the administration of a controlled drug. The staff signature list should be updated for accountability and safe administration of controlled drugs.
- Health board response: On Monday 9th March 2015 as part of the regular ward meetings staff were advised of the ABUHB policy for medicine management. It has been requested that all staff have access to the policy and once read they will be requested to sign and document that they have read and understood.

Rhymney/MAU

In both areas we found adherence to the health board's policy and there were systems in place to update the staff signature list on an ongoing basis. On MAU we found that returned controlled drugs were being recorded in the controlled drugs order book. Although there could be the potential for confusion, health board staff assured us that this met their policy and staff were aware of these arrangements.

We saw that controlled drugs stock checks took place and pharmacy staff confirmed arrangements for carrying out audits.

Additional findings on Rhymney/MAU under medicines management

On Rhymney we found appropriate storage of medicines, all patients had identification bands and patients' allergies were clearly recorded. However, on looking at patients' theatre records we saw that on one set of records, one anaesthetic chart did not record the patient's temperature or the time that drugs were administered.

On MAU we found that the clean utility room was accessed through the use of a swipe card. However, staff told us that due to a current lack of swipe cards amongst staff this was being kept unlocked. We raised this with staff who resolved it immediately.

On MAU we also found that when medication was intentionally stopped, the notes did not set out review dates for re-commencing the medication.

Across all of the areas we visited we found that medicine storage areas were not temperature controlled and routine checks of room temperature were not being carried out to ensure medicines were being stored within a safe temperature range. This is a requirement of the Welsh Government Patient Safety Notice 030 (April 2016).

Oakdale

Overall we found safe systems for medicines management in place on Oakdale ward.

We found that medicines were safely and securely stored. However, room temperatures were not being recorded and we have addressed this below.

We found all patients were wearing identification bands. Medicine administration charts, where staff signed on administering medicines to

patients, were accurate, signed and dated. These clearly displayed patients' allergies.

We found good use of antibiotic stickers, however, the duration was not completed. A duration date ensures that the antibiotic is stopped in a timely manner. This is good practice as continuing antibiotics beyond this can cause resistance and Clostridium Difficile. We recommend that there is an audit of antibiotic prescribing and that duration dates are completed. Oxygen was not being prescribed, and we have addressed this below.

We found that the controlled drugs book was complete and up to date with balance checks being carried out by pharmacy and nursing staff. These checks were being carried out according to timescales specified within the health board's policy.

Staff were able to access the medicines management policy both by using a paper copy on the ward and through the intranet.

Improvement needed

Across all areas inspected, the prescribing of oxygen must be signed by an appropriately qualified practitioner.

On Rhymney ward, anaesthetic charts must record the patient's temperature and the time that drugs are administered.

When medicines are intentionally stopped, review dates should be clearly indicated for re-commencing medicines. This was noted as requiring attention on MAU.

Across all areas inspected, medicine storage areas must be temperature controlled and routine checks of room temperature should be made to ensure appropriate storage temperatures are maintained.

An audit of antibiotic prescribing should be introduced and when prescribing antibiotics, duration dates should be completed

Safeguarding children and adults at risk

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward. However, training statistics provided showed a low compliance with safeguarding adults and children training across both areas. Safeguarding

adults training in particular was low, with 43% of staff having undertaken level one training on MAU and 29% on Rhymney ward.

Oakdale

There were policies in place to guide staff in managing safeguarding cases on Oakdale ward. However, only 22% of staff had completed safeguarding adults training at level one. The compliance statistic for safeguarding children was higher, at 72%. This meant we could not be assured that staff were up to date in their knowledge in managing safeguarding cases.

We found that the number of POVAs was not currently captured on the quality dashboard but staff told us this was planned imminently. This will support the division in the closer monitoring of POVAs across wards.

Improvement needed

There was a low staff training compliance rate across all three areas inspected in the areas of safeguarding adults. The health board must provide assurance that all staff will receive up to date training in this area as soon as possible. Safeguarding children training compliance also required improvement.

Blood management

We did not cover this standard on this occasion, however, staff indicated that they were able to access blood supplies, when needed, without difficulty.

Medical devices, equipment and diagnostic systems

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

However, on MAU we found an area where equipment was being stored. On closer inspection we saw that there was a lack of evidence to demonstrate that equipment in this area was cleaned and we saw that some equipment was in need of repair and had not been taken away. Staff told us that equipment was sometimes stored here from other areas. This meant that there was a risk that the usual cleaning and maintenance checks could be missed.

Oakdale

Staff told us that medical equipment and devices were easy to access. Equipment we checked had been cleaned and serviced.

Improvement needed

The informal area used for storing equipment on MAU requires attention to ensure that equipment is appropriately cleaned and serviced and that any broken equipment is removed from this area.

Effective care

Safe and clinically effective care

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward. However, we explored some of the patient management procedures in both areas and found some areas for improvement.

On Rhymney ward we explored some aspects of surgical processes. We found two areas requiring improvement. We found that there had been late changes to order of the operating list so that different patients were being operated in a different order. On the ward we found operating lists which had still not been amended to reflect these changes. We could not find evidence of a clear process which ensured all members of the health care team were informed of changes to the theatre list. There was no effective mechanism for version control of theatre lists (ensuring that different versions of lists are not available).

We also found that in one case, a patient undergoing surgery did not have their temperature recorded during the operation. We also saw that a patient who had undergone surgery did not have any temperature recorded on their medical record.

We found a good example of practice on Rhymney ward, with the relevant national patient safety alert printed on the back of the pre-operative checklist.

On the medical assessment unit we explored the protocol for patients waiting in the corridor and non clinical areas. During the inspection we were advised by a patient, who was on a trolley, that they had been waiting some time to be allocated a bed. It is suggested that patients who are on trolleys are monitored and an appropriate escalation process is put in place to ensure they are moved to a bed within an appropriate period of time. Staff told us they triaged patients according to their needs and used patients' individual risk assessments and their clinical judgement to allocate patients to wait in these areas. However, we did not observe the use of a specific system or triage tool in the MAU area. The nature of the environment made it difficult for staff to monitor waiting areas

effectively to support effective management of this area. There should be a formal protocol and risk assessment in place which outlines how the system of allocating patients to wait in corridors is managed safely.

Oakdale

On Oakdale ward, we saw that patients' care and treatment was provided by a multidisciplinary team to ensure that patients' holistic needs could be assessed and managed. We were given good examples of the provision of high quality care by both staff and patients, and our review of patient records supported this.

There was an audit system in place which assisted staff in monitoring aspects of care such as patient falls and pressure damage. Safety crosses were displayed as a way to inform patients and the public about this data on an ongoing basis. However, we found that these hadn't been updated in one case to ensure accurate information was displayed about pressure damage.

Incidents were reported through the health board's electronic system (Datix). We saw that incidents were analysed to support learning. Staff told us they did not always receive feedback on the incidents they reported and the health board should consider how to close the loop in feeding back outcomes to staff.

Survey of staff

As a part of our inspection HIW distributed staff questionnaires in all three clinical areas. Staff across the three areas were asked in the questionnaire about their health, well-being and safety at work. On MAU, three quarters of staff strongly agreed or agreed in general that their job was good for their health. Three quarters of staff members also indicated that they have seen errors, near misses or incidents in the last month that could have hurt either staff or patients and the last incident was reported by them or a colleague. The majority of staff agreed that the health board encourages them to report errors, near misses or incidents but did not have the confidence that action would be taken to ensure they did not happen again. Staff indicated that there are not kept informed about any errors, near misses or incidents that happen in the health board but most felt they are given feedback about changes made in response to those that are reported.

Improvement needed

The health board must inform HIW how it will ensure all relevant personnel are made aware of any late changes to a theatre list. The health board must demonstrate the action taken to ensure clear processes are in place ensuring that duplicate incorrect theatre lists are not available simultaneously.

The health board must demonstrate to HIW the action taken to ensure patients have their temperature checked and recorded appropriately during (and not just before and after) surgery. There should be an effective system which minimises the risk of perioperative hypothermia for all patients.

The health board must ensure there is a formal protocol and risk assessment in place in the MAU in relation to the allocation of patients waiting in corridors and the unmonitored waiting area.

On Oakdale ward safety crosses should be updated on an ongoing basis to accurately reflect audit information.

Quality improvement, research and innovation

Rhymney/MAU

We did not cover this standard as part of the focussed inspections on MAU and Rhymney ward.

Oakdale

We found examples of good quality care and treatment being provided on Oakdale ward.

Information governance and communications technology

We did not cover this standard fully during this inspection. However, in all areas, staff were able to access online policies and procedures which provided guidelines for their work.

Record keeping

Following our 2015 inspection, we asked the health board to make four improvements to record keeping. The improvements we identified, the action the health board stated they would take and our findings from this inspection are detailed below:

- HIW improvement needed: The ward manager should develop a system to audit patient documentation to ensure the quality and standards are satisfactory.
- Health board response: This will be incorporated into the planned monthly Trusted to Care Audits. These audits are performed by a Senior Nurse and the results are available on the Scheduled Care electronic shared drive.

Rhymney and MAU

We found that the health board had systems in place to audit documentation, for example, through internal 'Trusted to Care' inspections and through the Health and Care Standards monitoring system. We saw evidence of audit activity in both areas, however, some audits on MAU had not been completed within specified timescales.

On both MAU and Rhymney we could not be assured that actions were taken as a result of auditing documentation and staff confirmed this was informal. We could therefore not be assured that there were sufficient systems in place to make improvements to patient records across these areas on an ongoing basis.

- HIW improvement needed: Doctors need to sign, print and state their designation when making recordings in patients' notes.
- Health Board response: This has been shared with the all the Clinical Leads for the area. It has been requested that this recommendation is communicated with their medical teams

Rhymney and MAU

We found improvement in this area across both areas and we found that doctors had included their designation, signed and dated patient records.

- HIW improvement needed: The ward needs to adopt the use of a recognised pain management scale for all patients, regardless of how pain relief is administered.
- Health board response: Since the completion of the Audit the ward manager has linked in to the resources of the Pain Management team. A plan to have individual visual pain management scales has been discussed and implemented

Rhymney and MAU

We found that the health board had not implemented the visual pain management scales as they had stated in their plan. Staff were not able to recall why this had not been implemented.

We found that there was a recognised pain management system in place in both areas as part of the National Early Warning System (NEWS⁵). However, we found some inconsistencies in how this was being applied in practice. We found one case in both areas where the NEWS score indicated that additional monitoring/actions should be taken. However, in practice this was not happening and the records for these patients did not give reasons to explain why additional monitoring/actions were not taking place. Staff must ensure that they follow the recognised tool or record their clinical justifications to fully evidence the reasons they are not following it.

Overall we could see that these patients' pain was being appropriately managed when we observed and spoke with patients. However, on MAU we found that pain scores were not always being updated and one patient was not receiving required pain relief, until we raised this with staff. Staff must ensure they are appropriately assessing patients' pain on an ongoing basis and must ensure that this is recorded and appropriate pain relief administered.

- HIW improvement needed: The ward manager urgently needs to attend training in electronic record keeping. This improvement was identified as the ward had not been using the health board specified electronic systems to record incidents and audits.
- Health board response: A planned refresher training for the ward manager is to take place on the afternoon of the 23rd March with the ABUHB Lead for FOC

We found that the ward manager had now completed this training and all incidents and audits were being appropriately recorded through the electronic system.

⁵ The NEWS is a tool designed to detect deteriorating patients in hospital wards

Additional findings on Rhymney/MAU under record keeping

On Rhymney we found good practice of real time recording and intentional rounding.

We found some gaps in the date/time/signature recordings on nursing notes on both Rhymney and MAU.

On MAU we found that health care support workers and nurses were not always recording their designations.

On both MAU and Rhymney we found patient records left unsecured and unattended in publicly accessed areas of the ward.

Oakdale

On Oakdale we found patient records were easy to navigate, well laid out and well written. Records were securely stored. We found that some photocopies of some forms were of poor quality which made them more difficult to read. Staff should replace these with more readable copies. We also found that nursing and health care support workers were not always recording their designation within patient notes. We saw that a nursing documentation tool was used to audit patient notes.

Improvement needed

The health board must ensure auditing systems for patient documentation are robust across areas and that there is sufficient monitoring to improve standards of patient records across the health board as a whole.

On Rhymney ward and MAU, staff must ensure that they follow the recognised pain management tool and fully record actions taken; or record their clinical justifications as to why they are not following it, in cases where this is deemed appropriate.

On MAU staff must ensure that patients' pain scores are recorded and updated and that staff are therefore able to evidence how they are managing patients' pain on an ongoing basis.

Across all areas, nursing staff and health care support workers must consistently sign, date and time patient records. Staff must also state their designations.

On MAU and Rhymney, patient records should not be left unsecured and

unattended. Patient records require safe storage at all times to comply with data protection legislation and to prevent unauthorised access.

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

Across all three areas we found kind and dedicated staff teams who were working to provide the best service they could to their patients. We found visible and supportive senior management, particularly on Oakdale ward where we inspected these standards fully. Across all areas some improvement was required in ensuring staff stayed up to date with all statutory and mandatory training topics.

On Oakdale ward we found that staffing levels required review in order for HIW to be assured that staff are able to meet patients' needs in a timely way. We found good compliance with staff receiving annual performance reviews.

We found that systems were in place to audit aspects of patients' care and treatment, in order to monitor and improve services.

Junior doctors raised some concerns around their support and supervision which the health board is required to investigate.

Most of the actions resulting from the HIW inspection during 2015 had been implemented by the health board. However, two points on the action plan had not been followed up and overall, further improvements were required under the standards we had previously identified (medicines management and record keeping) in all areas we inspected.

During the 2015 inspection of Ysbyty Ytsrad Fawr we did not identify any improvements to the quality of management and leadership

Governance, leadership and accountability

Rhymney/MAU

Due to the inspection involving an aspect of follow up on previous recommendations made by HIW, we explored how the health board monitored HIW improvement plans and promoted learning across areas as a result. We saw that improvements had been made across most areas we had identified in the plan following the 2015 inspection of Rhymney ward. However, there were two areas where the health board had stated they would implement actions and these had not been implemented. This was in relation to pain management and the prescription of oxygen. Staff were not able to account for the reasons why these actions had not been implemented and we could not be assured that improvement plan progress was monitored at ward level, on an ongoing basis.

Senior management staff told us that the themes from HIW improvement plans were collated and there was a group in place which monitored work on the themes at health board level, on an ongoing basis. This reported to the health board's overarching quality and patient safety committee. Due to a change in senior nursing staff, the group was currently being refreshed. It was positive to see evidence that the Community Services Division, (which Oakdale ward was managed by), kept sight of HIW improvement plans and had recently discussed themes in the divisional quality and patient safety committee.

Oakdale ward

There was a rolling audit programme on Oakdale ward which covered a range of topics. The audit programme was up to date and systems were in place to monitor the results of audits to take action on an individual basis and also to monitor themes and trends. There were weekly meetings for sepsis, falls and pressure damage which happened on the wards as a way to make meetings accessible to ward staff and to share learning. There was also a divisional quality and patient safety group which met to review data for themes and trends and to discuss all aspects of service improvement. We saw that the division also produced a quality and patient safety bulletin and distributed this to staff to support communication.

We saw that the health board carried out its own inspections (Quality Checks in Health Care initiative) of wards on an ongoing basis as a way to improve services. This was comprehensive and we saw that actions were taken as a result.

Improvement needed

The health board must consider how to monitor HIW improvement plans at ward level, on an ongoing basis, to ensure that any actions outstanding are progressed and learning shared across areas.

Staff and resources

Workforce

Rhymney and MAU

Across all three areas we found kind, caring and dedicated staff teams who were working to provide the best service they could to their patients. We observed good team working across all areas.

On MAU some staff told us they had difficulty in meeting patient demand and we observed a busy period within the medical assessment department as a whole.

Through training statistics provided we saw that improvements needed to be made in ensuring staff received up to date training on MAU in fire safety, safeguarding and moving and handling training. On Rhymney improvements needed to be made in ensuring staff received up to date training in fire safety, violence and aggression and safeguarding.

Oakdale

As part of this inspection we focussed on staffing arrangements on Oakdale ward. Staff told us there was good support and communication between ward staff and senior management. Our observations supported this and during the inspection, senior management were visible and out on the ward supporting staff in the delivery of care. Ward staff confirmed that this level of support was not unusual.

From our inspection of the rotas, we saw there was one occasion over the last three months when a full compliment of staff was not in place and a registered nurse vacancy was covered by a health care support worker in this case. Staff told us there had been recent times when the one to one observation levels were not met. Staff told us this was recently due to a last minute cancellation of a member of bank staff. We saw that staff escalated this and where possible, cover was provided.

At the time of our inspection, ward management staff were not available. This was being covered by the presence of senior management staff supporting the ward. There was currently some sick leave impacting the ward. Staff told us they sometimes had difficulties covering shifts, although nurses on the ward picked up shifts as overtime. Although we did not witness any unsafe practice during the inspection, we observed marked pressures within the ward running at these staffing levels. For example, we saw patients waiting around ten minutes at times, for call bells to be answered, and staff taking patients on their breaks, at times, to help support the ward. We saw that the physical environment made it more time consuming and more of a challenge to easily monitor patients. This, in addition to patients presenting with a range of complex needs and confusion, meant that the workload was heavy for staff. The health board must review staffing levels on the ward in order to be assured that patients needs can be safely met and in a timely way.

We saw that there was good compliance with staff receiving formal annual performance and development reviews (PADRs), in which training, support and performance could be discussed.

We saw that most staff were up to date with statutory training, except for manual handling which had a compliance rate of 36% and safeguarding adults which had a compliance rate of 22%. Manual handling training was taking place on Oakdale ward during our inspection to ensure these levels rose.

As a part of our inspection HIW distributed staff questionnaires in all three areas and the results of these can be found below:

Survey of staff

During our inspection we distributed HIW questionnaires to staff working in all three areas to obtain their views on the working conditions and the quality of care provided to patients at the hospital. In total we received 15 questionnaires.

Staff in all three areas were positive about the care provided to patients at the hospital, affirming that patients' privacy and dignity is always maintained and patient independence always promoted. But whilst staff on Rhymney ward were also positive about managers in the organisation, staff on MAU and Oakdale ward were less positive about this aspect with staff on MAU raising some concerns over patient safety events.

The majority of staff who completed questionnaires said they had undertaken training or learning and development in areas such as health and safety, fire safety and infection control in the last 12 months. Fewer staff on Oakdale ward, compared to those on MAU and Rhymney ward had undertaken any training,

learning and development on the Mental Capacity Act, Deprivation of Liberty Safeguards and on the privacy and dignity in the care of older persons. Staff from MAU said they would find advance life support training, IR(ME)R updates and breakaway training (Due to MAU taking patients from psychiatric wards when unwell) useful.

All but one member of staff from Oakdale ward had had an appraisal, annual review or development review of their work in the last 12 months.

Most staff across all three areas told us they were sometimes unable to meet all the conflicting demands on their time at work but there were usually enough staff at the organisation for them to do their job properly.

All staff felt they had adequate materials, supplies and equipment to do their work. Staff in both MAU and Oakdale told us they were usually involved in deciding on changes introduced that affected their work area, team or department, whilst staff on Rhymney felt they were only sometimes involved.

The majority of staff members who completed a questionnaire felt that front line professionals who deal with patients are always empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence. Staff thought the health board usually has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings. Most staff on Rhymney and Oakdale wards, and all staff on MAU, told us that the health board always encourages teamwork. Those from Rhymney and Oakdale wards but only half of those from MAU said the health board is usually supportive. All staff from MAU, half from Oakdale ward and the majority from Rhymney ward who completed a questionnaire, said there is usually a culture of openness and learning with the health board that supports staff to identify and solve problems.

Staff across all three areas were asked questions in the questionnaire about their immediate manager and overall there was positive feedback. Two thirds of staff from Oakdale ward and MAU and all staff from Rhymney said that their manager always encourages those that work for them to work as a team and gives staff clear feedback on their work. The majority of staff across the three areas said their manager could always be counted on to help with a difficult task at work and could be supportive in a personal crisis. Also, their immediate manager always or usually asked for their opinion before making decisions that affect their work.

All staff on MAU and Rhymney ward and almost all staff on Oakdale ward who completed a questionnaire reported that they always or usually knew who the senior managers were in the health board. Those staff on MAU felt that

communication was not always effective between senior management and a third of staff felt that senior managers never involve staff in important decisions. Three quarters of staff on Rhymney and Oakdale wards felt that senior managers usually try to involve staff in important decisions and that they usually act on staff feedback. All of those staff on Rhymney ward and over two thirds of staff on Oakdale ward, who completed a questionnaire, told us that communication between senior managers and staff is always or usually effective.

The majority of staff on both wards and all staff on MAU who completed questionnaires strongly agreed care of patients is the organisation's top priority and that they would recommend it as a place to work.

Of those staff on Oakdale ward that completed the questionnaire, only half said that in general their job was good for their health. Some staff indicated that they have seen errors, near misses or incidents in the last month that could have hurt either staff or patients and the last incident was reported by them or a colleague but not every incident witnessed by staff was reported by them or a colleague. The majority of staff agreed that the health board encourages them to report errors, near misses or incidents but did not have the confidence that action would be taken to ensure they did not happen again. Most staff agreed that they are given feedback about changes made in response to any reported errors, near misses and incidents.

All staff on MAU and Rhymney ward and the majority of staff on Oakdale ward who completed the questionnaire said the health board acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age. Some staff on MAU said they had personally experienced discrimination at work from patients, their relatives or other members of the public, or from their manager or other work colleagues.

Junior doctors

Our inspection team comprised of two clinical fellows who spoke with junior doctors across the hospital to get their views on the support and supervision they received. The results were as follows:

- Overall, there was universal recognition for the support provided by consultants for junior medical, advanced nurse practitioners and nursing staff. Junior doctors told us that they found consultants to be approachable and contactable when needed
- There was good feedback regarding their access to annual leave and study leave

- Junior doctors raised concerns about rotas and told us there were currently two gaps on the middle grade doctor rota. Due to minimal administrative support for filling these rotas, junior doctors told us there was uncertainty, variation in workloads on the wards and that this sometimes resulted in some wards having no middle grade doctors
- Junior doctors raised concerns about the clinical supervision provided by on call middle grade doctors (non training). They told us that they were not always contactable when needed. Some junior doctors said they didn't feel empowered to escalate this concern. We asked the health board to review this urgently.
- Junior doctors told us they didn't feel service improvement work was promoted. They also felt that it would be useful to receive feedback when they reported incidents through Datix.
- Some junior doctors we spoke with were not aware of mandatory training requirements.

Improvement needed

The health board must review staffing levels on Oakdale ward to ensure there are sufficient staff to safely meet patients' needs and in a timely way.

The health board must ensure that training compliance in the areas as identified in the report are improved on Oakdale, MAU and Rhymney.

The health board must investigate and respond to the concerns raised by junior doctors as detailed in the report including:

- Concerns over the rota for middle grade doctors
- Concerns around clinical supervision provided by on call middle grade doctors (non training). This is a serious issue that must be explored and appropriate action taken.
- Service improvement work and feedback regarding incidents
- Ensuring junior doctors are aware of and complete mandatory training

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, measureable, 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 conduct follow-up inspections

Follow-up inspections can be announced or 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. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

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 will also highlight any outstanding areas of improvement that need to be made.

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
We found on MAU, that the clean utility room containing medicines was being left unlocked. This was due to staff not having enough swipe cards to effectively use the swipe access system.	This meant patients were not protected from the risks associated with unauthorised access to medicines. (Standard 2.6).	We raised this concern with ward staff during the inspection and requested this was immediately resolved.	Staff immediately resolved this and swipe access was re-employed.

Appendix B – Immediate improvement plan

Service: Ysbyty Ystrad Fawr; Rhymney, MAU and Oakdale

Date of inspection: 27 - 29 June 2017

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 improvements were identified as a part of this inspection.				

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): Bronagh Scott

Job role: Director of Nursing

Date: 20 September 2017

Appendix C – Improvement plan

Service: Ysbyty Ystrad Fawr; Rhymney, MAU and Oakdale

Date of inspection: 27 - 29 June 2017

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	Service action	Responsible officer	Timescale
Quality of the patient experience				
Staff on Oakdale ward must ensure that information leaflets are updated on an ongoing basis so that patients have access to current information.	4.2 Patient Information	The primary and community division have devised patient information leaflets for all community inpatient facilities Ensure staff are aware of the Patient Information Unit leaflets accessible via the Health Board intranet	Ward Manager	Immediately
The health board must consider how waiting areas for patients in MAU can be made fit for purpose in terms of size and in maintaining patients' privacy and dignity.	4.1 Dignified Care	Financial costings have been submitted to re-configure current MAU/GP OOH areas Areas to be risk assessed during times of high acuity and Health Board	Hospital Manager Senior Nurse Ward Manager	Nov 17

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Escalation plan implemented</p> <p>Leadership walkabouts to monitor activity ensuring privacy and dignity of patients</p>		
Patient information should be displayed within all relevant areas of the MAU.		Welcome Board / Information Board to be established on entrance to MAU	Ward Manager	Nov 17
The health board must ensure that patient information is provided in accessible formats, particularly on Oakdale ward where there were a number of confused patients. Staff must ensure that patients know who they can speak with about their care and treatment.		<p>Patients/Relatives information and Welcome Board to be reviewed and updated</p> <p>Ensure the provision of ward information leaflets in each of the patients rooms</p> <p>Staff picture board to be established with names and designations of all staff members on Oakdale War</p> <p>Ensure staff are aware on how to access information leaflets in braille, how to access interpreter for those using sign language</p> <p>Availability of up to date and accessible patient information to be monitored through leadership rounds.</p>	Ward Manager	Nov 17

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must consider how to improve communication with patients on MAU, particularly in ensuring that patients are aware of whom they can speak with about their care and treatment.</p>	<p>3.2 Communicating effectively</p>	<p>Welcome/Information boards to be established</p> <p>Clerical staff are to be assigned to work in the reception areas and signpost staff patients/relatives accordingly</p> <p>Ward information leaflets to be available for each patient, including a welcome leaflet</p> <p>ward manager to ensure patients and their families are afforded the time to share and discuss the care & treatment they are receiving via Leaderships rounds</p>	<p>Ward Manager</p>	<p>Nov 17</p>
<p>The health board must ensure that staff on Oakdale ward have access to the communication tools required to support staff with patients' individual communication needs.</p>		<p>Contact details for British Sign language interpreters will be available on the ward area</p> <p>Ensure hearing loop is available on ward and staff aware how to use it</p> <p>Ensure staff are aware how to access interpreter services, British Sign Language if required</p>	<p>Ward Manager</p>	<p>Nov 17</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Ensure staff are aware how to refer to Speech and Language therapy , RAID Practitioners for specialist support and advice		
The health board must ensure that patients' expectations are managed, by providing sufficient and comprehensive information regarding the services it provides.		Information /Welcome packs to be given to all patients Notice boards to display current relevant information Ensure families and carers are invited if appropriate to Discharge Planning Meetings/CHC Meetings/Goal Planning meetings	Senior Nurse for USC/Scheduled and Community Division	Senior Nurse for USC/Scheduled and Community Division
The health board must ensure that patients' blood tests and other diagnostic test results can be accessed after 5pm, or that an appropriate protocol is in place to continue to access diagnostics and manage patients' ongoing care outside of office hours.	5.1 Timely access	Standard Operating Procedure for diagnostic testing out of hours to be developed Wards to display SOP for OOH diagnostics and tests Staff reminded of need for escalation to relevant person should issues be encountered accessing diagnostic/care ooh's	Blood Sciences Manager Site Practitioner	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must consider how to empower patients and carers to provide feedback on their care and treatment on an ongoing basis on Oakdale ward.	6.2 Peoples rights	<p>Continue to ensure delivery of patient satisfaction surveys which are discussed at Area Quality and Patient Safety Group</p> <p>Action plans to be developed following feedback</p> <p>Establish Carers Clinics or Leadership Rounds</p> <p>Continue to undertake bi annual Quality Health Checks</p>	Senior Nurse	October 17
Complaints information on Oakdale ward must be replaced with up to date versions.		Ensure display of current “Putting Things Right” leaflet on information board	Ward Manager	Immediate
Delivery of safe and effective care				
On Rhymney ward, fire doors must not be propped open. Assembly points should be added to mounted fire procedures.	2.1 Managing risk and promoting health and safety	<p>Clear signage added for assembly points</p> <p>Fire doors closed at all times</p> <p>Nurse in charge to monitor compliance through observational walk rounds</p>	Ward Manager	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
COSHH items must be securely stored on Oakdale ward and the issues identified with the cleaning cupboard must be resolved.		<p>Domestic Supervisor to ensure appropriate storage of items in keeping with COSHH regulations</p> <p>Domestic Supervisor to ensure all facilities staff are aware of the COSHH regulations</p> <p>Daily observational walk around by Nurse in Charge to ensure appropriate storage of items in keeping with COSHH regulations</p>	<p>Domestic Supervisor</p> <p>Ward manager</p>	Immediate
The locking mechanism on the rear exit on Oakdale ward must be repaired		<p>Work stream progressing to look at ensuring safe entrance and exit from all wards within Ysbyty Ystrad Fawr</p> <p>Lock to be repaired in interim on rear exit</p>	Ward manager	Immediate
The health board must ensure that Waterlow scoring is consistently carried out on MAU.	2.2 Preventing pressure and tissue damage	<p>All patients admitted into a bed will have the relevant risk assessments undertaken within 4 hours of admission</p> <p>Compliance with Risk Assessments will be audited via the monthly RCA process</p> <p>Ensure compliance with the All Wales</p>	<p>Ward Manager</p> <p>Senior Nurse</p>	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>ensure shared learning across areas</p> <p>Undertake bi-annual Quality Health Check</p>		
<p>The health board must consider the need to implement falls risk assessments on Rhymney ward so that patients' individual needs around falls can be appropriately risk assessed and managed, where required.</p>	<p>2.3 Falls Prevention</p>	<p>Continued monitoring of falls via the datix system to monitor for common themes</p> <p>All patients admitted into a bed will have the relevant risk assessments undertaken within 4 hours of admission and compliance audited via documentation audits and Quality Health Care checks</p>	<p>Senior Nurse</p>	<p>Immediate</p>
<p>The health board must outline the work currently happening to reduce falls and how they plan to reduce patient falls across the hospital site and more specifically on Oakdale ward.</p>		<p>Monitor the falls per occupied 1000 bed days compliance monthly</p> <p>Falls alarms purchased and training undertaken-monitor use of alarms and ensure equipment is maintained and in working order</p> <p>Training provided by Consultant Clinical Lead for all staff members in YYF- to continue with ongoing training and</p>	<p>Senior Nurse</p>	<p>Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>education of staff</p> <p>National Osteoporosis Event for patients; public and health care professionals planned for October 17</p> <p>Continued monitoring of falls via the datix system to monitor for common themes</p> <p>Work undertaken to create a dayroom facility on Oakdale Ward so activities can be undertaken outside the cubicle environment</p> <p>Ward Staff to attend Falls Panel RCA meetings to discuss cases resulting in fractures and learning shared at monthly Quality Patient Safety Meetings</p> <p>New enhanced care policy to be implemented and staff to be trained in new policy</p>		
<p>Cleaning schedules on MAU and Rhymney must be fully completed. The health board must be assured that water flushing checks are being implemented on an ongoing basis, particularly in</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Cleaning schedules will be fully completed and responsibility for areas discussed following handover</p> <p>Compliance monitored via the Infection</p>	<p>Ward Managers</p>	<p>Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
the pre-assessment rooms on Rhymney ward. Gel dispensers on MAU must be re-filled regularly.		and Prevention dashboard and NHS Wales Health Care monitoring system		
On Oakdale ward, all staff must adhere to the bare below the elbows policy. The ward bathroom should be cleared of the items currently stored there. Hand gel must be available within the sluice at all times and equipment within the sluice must be cleaned in a timely way. Sharps boxes must be labelled and dated.		Daily monitoring of staff adherence to the Health Boards Uniform Policy Continue to audit Infection and Prevention compliance via hand hygiene audits ,cleaning schedules, safety crosses All sharps boxes once in use to be labelled and dated accordingly Hand gel to be available in all clinical areas and monitored via the hand hygiene audits	Ward Manager	Immediate
Staff should ensure that food trolleys can be plugged in at points on Oakdale ward that allow for the safe distribution of food, without creating a blockage to the entry/exit point	2.5 Nutrition and Hydration	Ensure food trolley service has a designated area on ward that does not obstruct walk ways	Domestic Supervisor	Immediate
Across all areas inspected, the prescribing of oxygen must be signed by an appropriately qualified practitioner.	2.6 Medicines Management	Oxygen to be prescribed appropriately by a recognised qualified prescriber Audit prescription charts to ensure	Pharmacy Lead and Clinical Director	October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		appropriate prescribing of oxygen Reconciliation audit are undertaking on a daily basis		
On Rhymney ward, anaesthetic charts must record the patient's temperature and the time that drugs are administered.		Written communication to clinical lead to ensure and support compliance	Senior Nurse	Immediate
When medicines are intentionally stopped, review dates should be clearly indicated for re-commencing medicines. This was noted as requiring attention on MAU.		Medicines reconciliation audits are undertaken on a daily basis Audit prescription charts to ensure appropriate prescribing via daily reconciliation audits on admission	Pharmacy Lead and Clinical Director	October 2017
Across all areas inspected, medicine storage areas must be temperature controlled and routine checks of room temperature should be made to ensure appropriate storage temperatures are maintained		Ensure Pharmaceutical guidelines for the safe storage of medicines is adhered to via medicines management audit and daily medicines reconciliation. Ensure routine checks of room temperatures and daily checks of fridge temperatures by nursing staff daily.	Ward manager Pharmacy Works & Estates	October 17
An audit of antibiotic prescribing should be introduced and when prescribing antibiotics,		Increase awareness of all staff to of antimicrobial guidelines	Pharmacy Lead and Clinical	Nov 17

Improvement needed	Standard	Service action	Responsible officer	Timescale
duration dates should be completed.		Audit tool to be developed and implemented to monitor antibiotic prescribing	Director	
There was a low staff training compliance rate across all three areas inspected in the areas of safeguarding adults. The health board must provide assurance that all staff will receive up to date training in this area as soon as possible. Safeguarding children training compliance also required improvement.	2.7 Safeguarding children and adults at risk	<p>Training matrix to be maintained and monitored to ensure compliance</p> <p>Away days to be arranged for the ward for staff to undertake statutory and mandatory training, incorporating safeguarding of adults and children</p> <p>On line POVA training level 1 and 2 to be undertaken by all staff</p> <p>Monitor PADR compliance to ensure staffs learning needs are identified</p> <p>Paediatric assessment is via the MIU not MAU which deals with adults only. Child safeguarding is addressed via the emergency care training for all staff.</p>	<p>Senior Nurse</p> <p>Senior Nurse (Rhydney Ward)</p>	September 17
The informal area used for storing equipment on MAU requires attention to ensure that equipment is appropriately cleaned and serviced and that any broken equipment is removed from	2.9 Medical devices, equipment and diagnostic	<p>Audit of current equipment stock to be undertaken</p> <p>Cleaning and de-commissioning /repairs of any equipment found faulty to be</p>	Ward Manager	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
this area	systems	undertaken Identify suitable area within MAU for appropriate storage of equipment		
<p>The health board must inform HIW how it will ensure all relevant personnel are made aware of any late changes to a theatre list. The health board must demonstrate the action taken to ensure clear processes are in place ensuring that duplicate incorrect theatre lists are not available simultaneously.</p>	3.1 Safe and Clinically Effective care	<p>All theatres lists are produced 2 weeks in advance and recorded electronically via ORMIS. The day before theatre lists are due to run an additional check is carried out by the scheduling team to ensure the list reflects accurate activity – again this is electronically recorded via ORMIS. Prior to theatre commencing a pre-list safety briefing takes place which is recorded via the white board in theatre and then communicated verbally to ward staff. The future vision is for electronic recording. A new system which will allow this is currently being piloted.</p> <p>Clear lines of communication have now been highlighted from theatre to the ward. With operational manager in theatre to the NIC of the ward.</p>	Ward Manager	October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must demonstrate to HIW the action taken to ensure patients have their temperature checked and recorded appropriately during (and not just before and after) surgery. There should be an effective system which minimises the risk of perioperative hypothermia for all patients.</p>		<p>All patients undergoing surgery have temperatures recorded electronically via ORMIS. Temperatures are recorded at all stages of surgery – anaesthetics/intraoperatively/prior to leaving theatre and in recovery thus minimising the risk of perioperative hypothermia.</p> <p>Perioperative care plans accompany patient post operatively to the ward showing interoperative warming when required</p>	<p>Ward Manager</p> <p>Operational Theatre Manager</p>	<p>Immediate</p>
<p>The health board must ensure there is a formal protocol and risk assessment in place in the MAU in relation to the allocation of patients waiting in corridors and the unmonitored waiting area.</p>	<p>3.3 Quality Improvement, Research and Innovation</p>	<p>SOP to be devised in relation to patients nursed in corridor, waiting areas</p> <p>Risk assessments to be undertaken when patients cared for in these areas</p> <p>Staff to be aware of escalation process especially when site is in high escalation and take actions as appropriate to decongest corridors</p>	<p>Hospital Manager</p> <p>Senior Nurse</p>	<p>October 17</p>
<p>On Oakdale ward safety crosses should be updated on an ongoing basis to accurately</p>		<p>Safety crosses will be updated daily and compliance monitored to ensure</p>	<p>Ward Manager</p>	<p>Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
reflect audit information		accurate reflection of audit information		
The health board must ensure auditing systems for patient documentation are robust across areas and that there is sufficient monitoring to improve standards of patient records across the health board as a whole.	3.5 Record keeping	<p>Audit of documentation to be undertaken as per audit schedule and improvement plans devised</p> <p>Audits to be discussed at monthly Quality and Patient Safety meetings</p> <p>Staff to be reminded of responsibilities around record keeping</p> <p>Bi annual Quality Health Check</p>	Senior Nurse	Immediate
On Rhymney ward and MAU, staff must ensure that they follow the recognised pain management tool and fully record actions take; or record their clinical justifications as to why they are not following it, in cases where this is deemed appropriate.		<p>Staff training matrix to be maintained and monitored and apply a recognisable pain management tool such as PAINAD. This will be monitored by medicines management audit.</p> <p>Regular documentation audits to be undertaken</p>	Senior Nurse	October 2017
On MAU staff must ensure that patients' pain scores are recorded and updated and that staff are therefore able to evidence how they are managing patients' pain on an ongoing basis.		<p>Vital Pac Clinical Intervention system introduced 12/9/17 which captures management and recording of pain</p> <p>Regular audit of patients pain scores via</p>	Senior Nurse Ward Manager	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Vital Pac and presented at Area QPS</p> <p>Pain scores are required on NEWS documentation, ward nurse in charge to review action on and completion of pain scores. To be monitored and audited via one patient on day audits</p>		
<p>Across all areas, nursing staff and health care support workers must consistently sign, date and time patient records. Staff must also state their designations.</p>		<p>Regular documentation audits to be undertaken</p> <p>https://www.nmc.org.uk/standards/code/record-keeping/ Qualified Nurses to be reminded of the attached</p> <p>Bi annual quality health check</p>	<p>Senior Nurse</p> <p>Ward Managers</p>	<p>Immediate</p>
<p>On MAU and Rhymney, patient records should not be left unsecured and unattended. Patient records require safe storage at all times to comply with data protection legislation and to prevent unauthorised access</p>		<p>Establish areas on ward where notes can be stored securely</p> <p>Ensure area where patient records are stored is restricted to authorised personnel only</p> <p>If left unattended ensure that patient record trolleys are locked</p>	<p>Ward manager (MAU)</p> <p>Ward Manager (Rhymney Ward)</p>	<p>Immediate</p>

Quality of management and leadership

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must consider how to monitor HIW improvement plans at ward level, on an ongoing basis, to ensure that any actions outstanding are progressed and learning shared across areas</p>	<p>Governance, Leadership and Accountability</p>	<p>HIW report to be monitored by the Patient Care Standards Learning & Improvement Group</p> <p>HIW report to be monitored by QPS committees within each division</p> <p>Discuss HIW plan on Ward Managers 1 to 1 meetings</p> <p>Discuss HIW plan with ward staff during ward team meetings</p> <p>HIW plan to be shared at Medical Directorate</p> <p>Update of action plans and assurances to be discussed at Quality & Patient Safety Meetings</p> <p>Action plan and update file to be kept on each ward for all staff to access</p>	<p>Divisional Nurses</p>	<p>Immediate</p>
<p>The health board must review staffing levels on Oakdale ward to ensure there are sufficient staff to safely meet patients' needs and in a timely way.</p>	<p>7.1 Workforce</p>	<p>Acuity audit undertaken in July and August 2017- discuss results</p> <p>Daily review of acuity and activity on the ward and appropriate, timely escalation</p> <p>Reporting of patients who have high</p>	<p>Divisional Nurse</p>	<p>Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		acuity via SBAR and appropriate implementation of enhanced care policy		
<p>The health board must ensure that training compliance in the areas as identified in the report are improved on Oakdale, MAU and Rhymney.</p>		<p>Ward training and individual training matrix established</p> <p>Compliance monitored monthly and reviewed at Quality and Patient Safety Meetings</p> <p>Ensure protected rostered training times for all staff members</p> <p>Away days being arranged which will focus on ensuring compliance with Mandatory and Statutory Training</p>	<p>Divisional Nurses (USC, SC & Community Divisions)</p>	<p>Immediate</p>
<p>The health board must investigate and respond to the concerns raised by junior doctors as detailed in the report including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Concerns over the rota for middle grade doctors <input type="checkbox"/> Concerns around clinical supervision provided by on call middle grade doctors (non training). This is a serious issue that must be explored and appropriate action taken. 		<p>Middle Grade rota currently has 1 vacancy (waiting start date). This is filled by a locum doctor.</p> <p>Regular feedback meetings in place with junior doctors to provide opportunity to raise concerns</p> <p>Non training middle grades made aware of their role in providing clinical supervision and consultant presence</p>	<p>Hospital Manager and Clinical Director</p>	<p>Immediate</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<input type="checkbox"/> Service improvement work and feedback regarding incidents <input type="checkbox"/> Ensuring junior doctors are aware of and complete mandatory training		8am to 8pm on MAU Utilise junior doctor education sessions to feedback and learn from incidents and action plans Build in mandatory training into Induction Session		

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): Bronagh Scott

Job role: Director of Nursing

Date: 20 September 2017