

Hospital Inspection (Unannounced)

Velindre Cancer Centre

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2019

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

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Velindre Cancer Centre, within Velindre NHS Trust, on 19 and 20 March 2019. The following wards were visited during this inspection:

- First Floor Ward
- Chemotherapy Inpatient Ward

Our team, for the inspection comprised of two HIW Inspectors, one of whom acted as the lay reviewer, and two clinical peer 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 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received.

Patients' care needs had been assessed by staff, and staff monitored patients to promote their well-being and safety.

We found good management and leadership on both wards with staff commenting positively on the support that they received from the ward managers. However, we found some evidence that the Trust was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Good staff-patient engagement
- Welcoming environment
- Provision of food and drinks
- Family/carer engagement and support and facilities
- Comprehensive policies and procedures
- Multidisciplinary approach to provision of care
- Infection prevention and control
- Medication management
- Communication
- Management overview, auditing and reporting
- Staff support, supervision and appraisal

This is what we recommend the service could improve:

- Display Putting Things Right¹ information on First Floor ward
- Availability of information in Welsh
- Individualised, person centred care plans
- Some aspects of file management and data security
- Storage on First Floor ward
- Some aspects of infection control.

¹ Putting Things Right is a process for dealing with Complaints, Claims and Incidents which are collectively termed "Concerns". This represents a significant culture change for the NHS in Wales in the way in which it deals with things that go wrong, introducing a single and consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern.

3. What we found

Background of the service

Velindre Cancer Centre provides specialist cancer services to over 1.5 million people in South East Wales and beyond. They are one of the largest cancer centres in the UK. Each year it receives over 5,000 new referrals and undertakes around 50,000 new outpatient appointments. They employ over 670 staff and have an annual budget of over £49 million.

Patients referred to Velindre Cancer Centre come under the care of Clinical and Medical Oncologists. Oncologists specialise in the non-surgical treatment of cancer. Velindre Cancer Centre is the main centre for these services. However, Velindre also provides outpatient clinics and other out-based chemotherapy services at other sites.

Velindre Cancer Centre is a division of Velindre NHS Trust.

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.

Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients on both wards, with staff supporting patients in a dignified and respectful manner.

We found that patients were able to move freely around the ward areas. We saw staff attending to patients in a calm and reassuring manner. The environment on both wards was clean and tidy.

We spoke with a number of patients on both wards during the course of the inspection. Patient comments included the following:

"During my stay on the ward, the staff were really friendly and helpful. The ward was always clean and tidy and the treatment was five star. Staff really attentive and made sure I was comfortable and looked after."

"Wonderful care. This hospital is a credit to the National Health Service. Let's pray it will always belong to the people."

Staying healthy

We found that patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we found that relatives were being consulted and encouraged to make decisions around care provision in accordance with the Health and Care Standards.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus, maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities.

Dignified care

We found that patients were treated with dignity, respect and compassion by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

The environment on both wards was clean and tidy, adding to the sense of patients' well-being.

Patient information

Health promotion information for patients and their families/carers was displayed and available on both wards and within the carers' area near the main entrance. However, we recommended that more information leaflets could be provided in Welsh.

A Patient Status at a Glance board (PSAG)² was located within an office on the Chemotherapy Inpatient ward. The location of the board meant that information was kept out of sight of visitors and patients. However, the PASG board on the First Floor ward could be seen by people walking down the ward corridor. We recommended that this board be redesigned so that patients' names could be covered when the board is not in use to ensure patient confidentiality.

Improvement needed

More information leaflets should be provided in Welsh.

Re-design or relocate the patient at a glance board on the First Floor ward to ensure patient confidentiality.

² The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients in a calm and dignified manner. Patients were referred to, according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

Some of the staff working on the ward were bilingual (Welsh and English). This allowed Welsh and English speaking patients to discuss their care and support needs in the language of their choice.

Translation services could be accessed should patients wish to communicate in other languages other than English or Welsh.

Timely care

We found good care planning processes in place on both wards. However, some assessments were not fully completed on the First Floor ward, although it was obvious from daily progress notes that patients' needs were being met.

The ward teams worked well with other members of the multidisciplinary healthcare team to provide patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician and speech and language therapist.

There were adequate discharge planning systems in place with patients being assessed by other professionals such as physiotherapists and occupational therapists prior to leaving the hospital.

Individual care

Planning care to promote independence

We found that the care planning process took account of patients' views on how they wished to be cared for.

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their daily care needs. Patients also told us that staff assisted and provided care when it was needed. We saw staff encouraging and supporting patients to be as independent as possible.

People's rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, curtains were used around individual bed areas and doors to single rooms were closed when care was being delivered.

No patients were subject to Deprivation of Liberties Safeguards (DOLS)³, on either ward, at the time of the inspection. However, staff were able to describe the correct assessment and referral process to be followed.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)⁴ assessments were being undertaken. However, there was little written evidence to support discussions with patients around DNACPR on admission, or during their stay on the wards. Completed assessment forms were at the front of medical notes. We suggested that a labelled, dedicated section be provided at the front of the patients' files for DNACPR forms. This would make it easier for staff to see whether or not a DNACPR decision had been made.

Improvement needed

Record discussions around DNACPR within patients' notes.

³ DOLS are a part of the Mental Capacity Act 2005, that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

⁴ A Do Not Attempt Resuscitation assessment is conducted by a doctor, and tells the medical team not to attempt cardiopulmonary resuscitation (CPR). The assessment form is designed to be easily recognised and verifiable, allowing healthcare professionals to make decisions quickly about how to treat a patient.

Listening and learning from feedback

Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face to face discussions with staff.

There were good systems in place for managing complaints and we were told by staff that the number of complaints received about the service were few and far between.

There was a formal complaints procedure in place which was compliant with Putting Things Right. There was a Putting Things Right poster on display within the Chemotherapy Inpatient ward. However, we found that there was no information available about how to make a complaint on the First Floor ward. We recommended that a Putting Things Right Poster is displayed in a prominent area within the First Floor ward, to better highlight how people can raise concerns.

Improvement needed

Display Putting Things Right Poster in a prominent area within the First Floor ward.

Delivery of safe and effective care

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

We found that the staff team were committed to providing patients with safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

Both wards were clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Safe care

Managing risk and promoting health and safety

We found both wards to be adequately maintained and systems were in place to report environmental hazards that required attention and repair.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis on both wards in order to reduce the risk of harm to patients and staff.

Preventing pressure and tissue damage

We saw that staff assessed patients regarding their risk of developing pressure damage to their skin. We were also able to confirm that staff were taking appropriate action to prevent patients developing pressure and tissue damage and were seeking specialist advice where necessary.

We looked at a sample of care records on both wards and confirmed that written risk assessments had been completed using a recognised nursing assessment tool. We also saw that monitoring records had been completed, showing that patients' skin had been checked regularly for signs of pressure

damage. Suitable pressure relieving equipment was available and being used to help prevent patients developing pressure damage.

The monitoring records we saw showed that patients had been assisted or encouraged to move their position whilst in bed, or in an armchair, regularly. We also saw staff assisting and encouraging patients to move around the ward environment. Both of these nursing interventions are known to help to reduce patients developing pressure ulcers.

Falls prevention

From examination of a sample of individual care files on both wards, we found that assessments were being undertaken to reduce the risk of falls and that prompt action was being taken in response.

Infection prevention and control

There was a comprehensive infection control policy in place and we found that regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

A member of staff had been delegated the role of infection control lead for the hospital and was responsible for undertaking audits and ensuring adherence to policies and procedures. Infection control audit outcomes were displayed on a notice board on both wards.

Staff on both wards had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection.

Non-touch taps had recently been fitted on the Chemotherapy Inpatient ward, and disposable curtains were in use around beds on both wards.

There was a lack of storage on the First Floor ward which meant that equipment was being stored within the two bed bay at the far end of the ward. We recommend that the end bay be cleared.

Some staff were seen displaying identity badges on lanyards worn around their necks, which we deemed to be an infection control and health and safety risk. This was brought to the attention of the management team who informed us that the Trust's policy states that lanyards should not be worn within clinical areas. Staff should therefore be reminded of the Trust's policy in this regard and regular audits undertaken to monitor the use of lanyards within clinical areas.

Improvement needed

Review availability of storage space on the First Floor ward.

Remind staff of the Trust's policy with regards to wearing of lanyards and regular audits should be undertaken to monitor the use of lanyards within clinical areas.

Nutrition and hydration

We saw that patients' eating and drinking needs had been assessed. We also saw staff assisting patients to eat and drink in a dignified and unhurried manner.

Patients had access to fluids with water jugs available by the bedside and there was a cold water dispenser located on the wards.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake. We suggested that, where appropriate, patients should complete their own fluid and food charts, particularly on the Chemotherapy Inpatient ward, where patients were less dependent.

Both wards promoted protected meal times. This ensured that patients were not unduly disturbed during meal times so as to ensure adequate nutritional and fluid intake.

We observed lunchtime meals being served. We also saw staff providing encouragement and support to patients to eat independently.

The meals appeared well presented and appetising. Patients told us that the food was very good.

Medicines management

We observed medication being administered to patients on both wards and found the process to be in line with the Trust's policy. We saw staff approaching the administration of medication activity in an unhurried way, taking time to ensure that patients were able to take their medication.

Pharmacists attended the wards on a daily basis to generate prescriptions and discharge letters and review patients' medication.

Electronic medication dispensing systems were in use. These could only be accessed by authorised staff and were monitored by the pharmacy staff who were responsible for re-stocking.

None of the patients in receipt of care at the time of the inspection were self-medicating. Patients should be assessed as to their ability to take responsibility for their own medication. This would encourage independence and would maintain and enhance skills prior to safe discharge from hospital.

We found that the contents of the cardiac arrest/resuscitation trolleys on both wards were being checked on a regular basis and any items past their expiry date replaced.

We found the self-closing device, fitted to the door leading into the chemotherapy treatment room on the Chemotherapy Inpatient ward, to be in need of adjustment/repair to ensure that the door closed effectively when staff enter and leave the room.

Improvement needed

Adjust/repair the self-closing device, fitted to the door leading into the chemotherapy treatment room on the Chemotherapy Inpatient ward.

Safeguarding children and adults at risk

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues on the wards at the time of the inspection.

Medical devices, equipment and diagnostic systems

Both wards had a range of medical equipment available which was maintained appropriately and portable appliance testing was undertaken as required.

Effective care

Safe and clinically effective care

There was evidence of multidisciplinary working between the nursing and medical staff on both wards.

Individual risk assessments were undertaken following admission and documentation to support these assessments were complete and comprehensive.

Care bundles, including to the National Early Warning Scores (NEWS)⁵ system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness or sepsis.

There were generally good care planning systems and processes in place on both wards. Care planning took account of patients' views on how they wished to be cared for. However, the care plans did not reflect the person centred provision of care evident on the wards, as they were generic in format and took the form of risk assessments and action plans. This made them difficult to follow and cross-reference, as the assessments were not numbered and therefore, did not correlate to entries within the progress notes.

We found that pain was being appropriately assessed and recorded on both wards. Conversation with staff demonstrated awareness of pain management assessment and the importance of this. Specialist palliative care nurses were available on the wards seven days a week, to offer guidance and advice on pain management.

Improvement needed

Implement person centred care plans.

⁵ NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

Information governance and communications technology

There was a robust information governance framework in place on both wards, and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Some records were in paper format whilst others were maintained electronically. We were told that work was underway on developing an entirely electronic records management system for use across the Trust.

We highlighted data security issues in relation to the use of computer trolleys on ward corridors. On two occasions, we witnessed computers being left unattended, with confidential patient information visible to passers-by. We discussed the need for staff to ensure that computer screens are locked when left unattended, even for a short time.

Improvement needed

Ensure that computer screens are locked when left unattended, even for a short time.

Record keeping

We viewed a sample of patient care notes and found some inconsistency in the way that information was being maintained. Some care files were disorganised and difficult to navigate, with loose documents found at the front of some files rather than within the relevant sections. It is envisaged that the planned move to an entirely electronic records management system will address this issue.

Improvement needed

Patient notes should be reviewed and reorganised.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

We found good management and leadership on both wards with staff commenting positively on the support that they received from the ward managers.

Staff told us that they were treated fairly at work, and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation, and that the communication between senior management and staff was generally effective.

Governance, leadership and accountability

We found that there were well defined systems and processes in place to ensure that the Trust focussed on continuously improving services. This was, in part, achieved through a rolling programme of audit and its established governance structure, which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on both wards.

Staff and resources

Workforce

We found friendly, professional staff on the wards who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

We viewed copies of the staff rotas which showed us that there was a good skill mix of staff on duty each shift.

During our inspection we distributed HIW questionnaires to staff working at the hospital to find out what the working conditions are like, and to understand their views on the quality of the care provided to patients at the hospital.

In total, we received 19 completed questionnaires from staff undertaking a range of roles at the hospital. Staff completing the questionnaires had worked at the hospital ranging from around a couple of months to more than 10 years.

All staff indicated in the questionnaires that they had undertaken a wide range of training, or learning and development, in areas such as health and safety and in the privacy and dignity of older people, while at the hospital in the last 12 months.

The majority of staff who completed a questionnaire said that the training or learning and development they complete helps them to stay up to date with professional requirements, and ensures that they deliver a better experience for patients, and helps them to do their job more effectively.

Every staff member who completed a questionnaire told us that they had received an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in such meetings that did take place, the majority of the staff told us in the questionnaires that their manager always supported them to achieve these needs.

Staff indicated in the questionnaires that they are not always able to meet all the conflicting demands on their time at work. However, they felt that there is usually enough staff at the organisation to enable them to do their job properly. Staff comments on the questionnaires included:

"I feel Velindre is an amazing place to work. Great staff morale, supportive members of the team, always someone to ask if you're unsure of something."

"100% I would recommend this hospital. The care and support given to our patients is second to none."

The majority of staff members told us that they always have adequate materials, supplies and equipment to do their work. Most staff members who completed a questionnaire said that they were able to make suggestions to improve the work of their team or department, and are often involved in

deciding on changes introduced that affects their work area, team or department.

Most staff members felt that the organisation was supportive, and that front line professionals who deal with patients are empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence.

The majority of staff members who completed a questionnaire, agreed that care of patients is the organisation's top priority, and that the organisation acts on concerns raised by patients. However, one staff member commented in the questionnaires:

"There is a disconnect between the cancer centre and the Trust Board at times. Honesty about shortfalls and adherence to standards accepted by HB's as a given are sometimes questioned, rather than accepted/adopted. Clinician decision making is sometimes challenging, as the focus can be on the cancer and not the patient as a whole."

The majority of staff members who completed a questionnaire told us that patient experience feedback (e.g. patient surveys) was collected, and that they received regular updates on the patient experience feedback, and felt that feedback is used to make informed decisions within their directorate or department.

Staff were asked questions in the questionnaire about their immediate manager, and the feedback received was positive. One staff member provided the following comment:

"The manager is an exceptional and supportive leader. She has the patient viewpoint at the centre of her service development/ improvement plan. She encourages growth and stepping out of your comfort zone to develop, giving honest feedback on progress."

The majority of staff members agreed that their manager always encourages those that work for them, to work as a team, and that their manager was always supportive in a personal crisis.

Staff also felt that their managers give clear feedback on their work and asks for their opinion before decisions were made that affect their work, and can always be counted on to help them with a difficult task at work.

The majority of staff members who completed a questionnaire reported that they did always know who the senior managers were in the organisation. Staff felt that on the whole, senior managers were committed to patient care. Staff told us that there is generally effective communication between senior management and staff, and said that senior managers regularly involve staff in important decisions and act on staff feedback.

Twelve out of the nineteen staff members who completed a questionnaire, said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

Staff members agreed that their immediate manager takes a positive interest in their health and well-being and agreed that their organisation takes positive action on health and well-being.

Three out of nineteen staff told us in the questionnaires that they had seen errors, near misses or incidents in the last month that could have hurt staff or patients.

Staff stated that they are encouraged to report errors, near misses or incidents, and that the organisation would take action to ensure that they do not happen again. The majority of staff who answered this particular question in the questionnaire, agreed that the organisation treats staff who are involved in an error, near miss or incident fairly.

All staff members who completed a questionnaire said that if they were concerned about unsafe clinical practice they would know how to report it. All but one of the staff members who completed a questionnaire, also told us that they would feel secure, raising concerns about unsafe clinical practice, and felt confident that their organisation would address their concerns once reported.

Staff felt that their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Improvement needed

Reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect hospitals

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

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

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

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

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

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

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

Appendix A – Summary of concerns resolved during the inspection

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

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

Appendix B – Immediate improvement plan

Hospital: Velindre Cancer Centre

Ward/department: First Floor and Chemotherapy Inpatient wards

Date of inspection: 19 and 20 March 2019

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 assurance issues were identified during 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):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Velindre Cancer Centre

Ward/department: First Floor and Chemotherapy Inpatient wards

Date of inspection: 19 and 20 March 2019

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				
More information leaflets should be provided in Welsh.	4.2 Patient Information	All information leaflets are available in Welsh if a patient or relative would like them. Staff have been reminded to offer these as part of the admission process in line with the Welsh Language standards 'active offer'.	Ward Manager	Complete
Re-design or relocate the patient at a glance board on the First Floor ward to ensure patient confidentiality.		New at a glance board with privacy screens has been ordered, awaiting delivery, to ensure there is patient confidentiality. Patient names were immediately	Ward Manager	June 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		changed to initials whilst we wait for the arrival of the new board.		
Record discussions around DNACPR within patients' notes.	6.2 People's Rights	All patients that are admitted and have discussions around DNACPR with the palliative care team should the discussions documented within Canisc and within the patient case notes. The palliative care team will audit patient case notes to ensure that alongside the DNACPR completed forms there is a documented discussion in the case notes an action plan will be developed following the audit.	Palliative Care Team	July 2019
Putting Things Right Poster be displayed in a prominent area within the First Floor ward.	6.3 Listening and Learning from feedback	Putting Things Right leaflets available at ward receptions for patients and relatives. Posters will be sought and displayed.	Ward Manager	June 2019
Delivery of safe and effective care				
Review the storage of equipment on the First Floor ward and the use of empty beds on the	2.4 Infection Prevention and Control (IPC) and	In July the inpatients wards will be reconfigured and this will include a review of space utilisation, including	Ward Manager & Infection Prevention &	July 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
First Floor ward to enable effective cleaning of beds prior to the admission of new patients.	Decontamination	storage facilities.	Control Team	
Remind staff of the Trust's policy with regards to wearing of lanyards regular audits undertaken to monitor the use of lanyards within clinical areas.		<p>Ward manager & IPCT to remind staff of the Trusts policy.</p> <p>Replace lanyards with ID badge reels to staff within clinical areas.</p> <p>Incorporate audits quarterly to monitor use of lanyards in clinical areas.</p>	Ward Manager & Infection Prevention & Control Team	July 2019
Adjust/repair the self-closing device, fitted to the door leading into the chemotherapy treatment room on the Chemotherapy Inpatient ward.	2.6 Medicines Management	Self-closing/locking device has been repaired and is now in working order. Swipe access is required for entry to the treatment room	Ward Manager	Complete
Implement person centred care plans.	3.1 Safe and Clinically Effective care	The ward managers will raise this in the monthly team meetings and will monitor care plans to ensure they are patient centred and regularly updated. The implementation of e-documentation will support the care plans to be more individualised.	Ward Managers	July 2019 e-documentation Pilot September 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure that computer screens are locked when left unattended, even for a short time.	3.4 Information Governance and Communications Technology	All staff have been reminded of the importance of patient confidentiality and the need to lock computer screens. All staff reminded of duty to complete Information Governance training	Ward Manager Principal Pharmacist	Complete
Patient notes should be reviewed and reorganised.	3.5 Record keeping	Ward receptionists to ensure all paperwork is filed in the correct sections of the patient case note. Loose paperwork to be filed correctly and not stored at the front of the case notes are filed in a consistent manner. As noted in the report, the move to e-documentation within the electronic patient administration system will address this issue further.	Ward Receptionists	June 2019
Quality of management and leadership				
Reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.	7.1 Workforce	The nursing team, the senior management team and the executive team have received a copy of the draft report and will reflect and act on the less favourable responses. The final report will be formally presented at Trust	Senior Management	August 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		meetings and committees. Work is being undertaken in relation to the All Wales Staff Survey and some of the issues raised are captured in work that is already planned.		

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): Vivienne Cooper

Job role: Head of Nursing

Date: 22/05/19