Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Follow-up Inspection (Unannounced)

Cysgod y Cwm Ward, Amman Valley Hospital, Hywel Dda University Health Board.

Inspection date: 20 & 21 May 2019

Publication date: 22 August 2019

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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**

Digital ISBN 978-1-83933-077-3

Contents

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 follow-up inspection of Cysgod y Cwm Ward, Amman Valley Hospital, within Hywel Dda University Health Board on the 20 and 21 May 2019.

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

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. There was good ward based leadership with the ward manager managing a professional team, whose clear goal was to deliver the best care they could.

We found on follow-up that a large proportion of the improvements required by the health board had been implemented. However, we found that staff at this hospital still felt isolated and disconnected from other hospitals within the health board.

This is what we found the service did well:

- Staff treated patients with dignity and respect
- There was a clear emphasis on discharge planning
- The hospital had a close working multidisciplinary team (MDT), which served to provide the most appropriate care to patients

This is what we recommend the service could improve:

- The outside of the building is cleaned to provide a more pleasant environment for patients
- Correct documentation of [1]Venous Thromboembolism assessments
- Improve the implementation of the health board out of hour's escalation process to support staff.

[1] https://www.nhs.uk/Tools/Pages/VTE-self-assessment.aspx

3. What we found

Background of the service

HIW last inspected Cysgod y Cwm Ward, Amman Valley Hospital, Hywel Dda University Health Board on 18 and 19 April 2018.

Cysgod Y Cwm is a 28 bed ward, predominantly providing recuperation and treatment for patients within the local community. All beds are consultant or general practice led. On the first day of our inspection all beds were occupied, although one patient had been taken from the ward to visit the GP.

The key areas for improvement we identified on the 18 and 19 April 2018 included the following:

- Aspects of medicines management, around safe storage of medication. This was dealt with by way of our Immediate Assurance process
- Aspects of care planning such as, appropriate monitoring of nutritional and fluid intake, in patients whose condition warranted this. This was dealt with by way of our Immediate Assurance process
- Aspects of infection prevention and control, with cleanliness of commodes, and ward cleaning staff, were also serving food to patients
- A perceived lack of support for staff by senior managers and other departments based at other locations within the health board.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall feedback received from patients was very positive. Patients were complimentary of the staff and the treatment they were receiving.

Patients told us that they were involved in their care, and their care plans had been discussed with them by ward staff and the clinical team.

The ward areas were visibly clean and tidy. We found that the outside of the building, particularly the windows, were unkempt and dirty. In addition, the shower facilities for patients were insufficient. Work on an additional wet room has been agreed, but had not been undertaken.

Required improvements we identified

Areas for improvement identified at last inspection included the following:

The health board must:

- Undertake a review of the process of identifying patients with a cognitive impairment in a robust and consistent manner
- Evaluate the staffing allocation on Cysgod y Cwm ward
- Ensure that printed health promotion and education is provided in a format appropriate for people with a visual impairment
- Ensure that all patients and where appropriate, their families, are kept up to date on their future care and treatment requirements and that this is undertaken in a timely manner
- Undertake a review of information leaflets available on wards and ensure that they have been ratified appropriately

- Make available a hearing aid loop system on the ward for people with hearing difficulties
- Ensure that all risk assessments are individualised and not generic
- Ensure that the NHS (Wales) [2]Putting Things Rights information is available in prominent locations on the ward.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated, 5 June 2018:

- Patient Status at a Glance (PSAG) board to be relocated at the nursing station. The butterfly scheme to be introduced to identify those patients with cognitive impairment. Ward Manager to allocate a dementia champion to ensure that the butterfly scheme is effectively used on the ward
- Staffing allocations to be considered on a daily basis. Patients' gender to be considered in relation to staff allocations
- Current leaflets to be reviewed and agencies/departments contacted to provide appropriate format for visual impairment
- Ensure that milkshake rounds undertaken by registered nurses on the ward are undertaken late afternoon to coincide with visiting times to improve nurse visibility and accessibility. This ensures families can be updated on plans, with patient consent
- Arrange for a hearing loop system to be made available on the ward
- To alleviate the staffing pressures noted in physiotherapy and occupational therapy, band 3 Health Care Support Worker (HCSW) training is to be completed to strengthen therapeutic interventions

[2] http://www.wales.nhs.uk/sites3/home.cfm?orgid=932

- Current MDT processes to be reviewed and documentation made visible to support discharge planning
- Review all inpatient nursing files to ensure that appropriate risk assessments are completed according to individual fundamental of care assessments
- Purchase new display boards for the ward area and provide an allocated area for NHS Putting Things Right information, which is available to all visitors to the area.

What we found on follow-up

We saw that the PSAG board was now located at the nurses station. The butterfly scheme was in use on the ward, both on the board and within patient notes.

The ward manager has full oversight of daily staffing on the ward. Agency staff are utilised to cover shortfalls in staffing. We were told by ward staff that there is a lack of support through the on call system, out of hours when the ward manager is not present.

There was a broad range of information available for patients and visitors. However, very little was available in and easy read format for the visually impaired or patients with dementia.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the standard of care provided to patients at the hospital. A total of 10 questionnaires were completed. We also spoke with patients during the inspection.

All of the patients that completed a questionnaire had been on the ward for at least one to two weeks. Patient comments included:

"Friendly and willing to help"

"Staff excellent in all areas"

Patients rated the care and treatment provided during their stay in hospital as excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed. However, some patients were not happy with the quality of the food supplied. Patient comments included:

"Food is not good"

"Staff are overworked and understaffed. They do their best with a lot to put up with"

Additional findings

Dignified care

All of the patients who completed the questionnaire confirmed that they were offered the option to communicate with staff in the language of their choice.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. Where applicable, all patients agreed that staff were always polite and listened, both to them and to their friends and family. All but one of the patients that completed a questionnaire told us that staff called them by their preferred name.

We saw the butterfly[3] system in use on the ward, both on the PSAG board and within individual patient notes. This enabled staff to identify patients with a cognitive impairment.

We found that there was only one wet room available for those patients who were able to use it. There was space for another in a separate block of toilets on the ward. We were told that the work had been agreed, however, twelve months later this work still hadn't been carried out.

Improvement needed

The health board must provide HIW with a timescale for completion of planned works.

Patient information

There were posters on the entrance to the ward identifying visiting times and telephone numbers. Bilingual health promotion information for patients and their

[3] The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

families/carers was available on the ward. There were a number of information boards located on the ward, and these provided information on a range of health education and promotion initiatives. There was also information on audits being conducted on the ward, along with advocate and carers information.

Staff we spoke with displayed a good understanding of the additional challenges when caring for patients with cognitive impairment, and an understanding of the need for this kind of signage.

Communicating effectively

The vast majority of patients told us in the questionnaires, that staff had always talked to them about their medical conditions, and helped them to understand them. Patients also complimented the way they were treated, and understanding given by all the staff on the ward.

The majority of staff were Welsh speaking. This locality has a very high proportion of Welsh speakers, so this staff skill set was beneficial for effective communication.

We found that the ward had a hearing loop available, and this could be taken to and utilised at any bed on the ward, should the need arise.

Timely care

All of the patients who completed a questionnaire told us that they had time to eat their food at their own pace, and that water was always accessible. In addition, all of the patients told us that they were given a choice by staff about which aids they could use if they needed to use toilet facilities such as, commode, or transfer to the bathroom. Patients also confirmed that when necessary, staff helped with their toilet needs in a sensitive way, to maintain their privacy and dignity.

All of the patients who completed the questionnaire confirmed that they had access to a buzzer, and that staff would come to their aid, when they used the buzzer.

We witnessed a MDT ward round. Physiotherapists and occupational therapists were based on site, and those along with senior nursing staff, HCSWs and a social worker, played an active part in the MDT ward round process.

There was a clear emphasis on discharge planning and the continuity of care with the social worker present during the discharge planning process.

Individual care

Planning care to promote independence

Patients had individualised risk assessments within the care notes we examined. The initial assessment carried out on admission is very detailed, covering all aspects of the patients' needs. We saw evidence that this is reviewed regularly throughout the period the patient remains on the ward.

Listening and learning from feedback

There was a patient and visitor feedback system in place, however, we did not see any information displayed on how the ward had learnt from any feedback provided. We suggested to the ward manager that this is something to consider.

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 witnessed staff providing safe and effective care to patients.

We saw the daily MDT board round had an emphasis on working towards effective and appropriate discharge

We identified issues around the support provided to the ward from other departments within the hospital and health board, in particular the tissue viability nurse.

Required improvements we identified

Areas for improvement identified at last inspection included the following:

The health board must:

- Ensure that all hand rails are clear of hazards and are able to be used by patients in a safe manner
- Provide HIW with an action plan detailing how it intends to improve the management of pressure area care on the ward
- Review the current practices, policies and processes in operation, to ensure appropriate local and national guidelines are implemented, and that patients' who fall in community hospitals, receive safe and effective falls management
- Ensure that all commodes in use are maintained and are fit for purpose, and do not pose an infection control risk
- Review the present task allocation of hotel services staff where they have to undertake cleaning duties of patients' bathrooms, prior to serving the lunchtime meal
- Ensure that fluid intake and output documentation is completed for appropriate patients, and that records are maintained appropriately
- Ensure that patients are provided with the opportunity and are encouraged to wash their hands, prior to eating their meals

- Evaluate the current dietetic support provided to patients in community hospitals
- Ensure that the rooms used to store medicines are temperature monitored regularly
- Ensure that all Medication Administration Records (MAR) charts are completed in a robust and comprehensive manner, providing clear information if a medicine has not been administered and the rationale for its non-administration
- Provide HIW with an action plan detailing how it intends to improve the completion of nursing records, including risk assessments, care planning and evaluations.
- Review the current management of patients' records on the ward. The health board must evaluate how it organises patients' records, in order to ensure that they are easy to navigate, and are maintained to a satisfactory standard.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Ensure that hand rails are clear of hazards, and inform staff of the need for hand rails to be clear of hazards
- Estates to provide holders for gloves to the ward
- Undertake weekly documentation audit
- Monthly spot checks to be undertaken by CLN with an ongoing focus on pressure area documentation, with feedback provided to staff and ward Managers as appropriate
- Reiterate to staff the expectation that documentation is of a high standard and that this is a requirement of both nursing and HCSW professional code of conduct
- All care plans to be individualised and assessed by a registered nurse within 12 hours of admission, to ensure that these reflect patients' needs
- Update the pressure damage prevention map situated in the nurse's station and ensure this is discussed daily

- Review the acute inpatient policy which is currently not suitable for community hospitals. The CLN and Head of Nursing (HoN) (community), to join the policy review group within the acute hospitals
- Staff reminded of the ward procedure to check all commodes daily and ensure any issues are identified and addressed, condemning equipment as appropriate
- Ward Sister/CLN to liaise with Hotel Services to review current practice
- Hotel Services staff to undertake cleaning duties after lunchtime meals have taken place
- Implement monthly audit spot checks by CLN to ensure that the documentation is completed and maintained appropriately when being used
- Ward Sisters to reiterate the importance of good hand hygiene and encourage patients to wash their hands before meals
- Undertake required refresh training for the nursing team on screening, linked actions and dietetic referrals
- Dietician to visit weekly to provide dietetic support as required
- Purchase new thermometers and display advice on action needed when room temperatures are outside of the recommendations
- CLN to meet with staff with regards to the importance of accurately documenting and professional code of conduct
- CLN to undertake spot checks to ensure all MAR charts are completed appropriately
- CLN /Head of Community Nursing Carmarthenshire to meet with staff with regards to the importance of high standard documentation (including risk assessments, care planning and evaluations) and assessments on admission to their areas
- CLN to undertake monthly spot checks going forward using a structured audit tool to ensure the all Wales documentation is being completed to a high standard and address non-compliance with individual staff as appropriate
- Review all end of bed folders, ensuring there are clear sections for all relevant documentation.

What we found on follow-up

Safe care

Managing risk and promoting health and safety

Patients were encouraged where able, to move around the ward freely where appropriate. Hand rails were kept clear, however, the main corridor became very congested during busy periods such as, meal times and medication rounds. Outside of these times all appropriate areas were available for patients to access safely.

The communal sitting room was large and comfortable which led into the conservatory. This provided a pleasant light environment for patients and their visitors to use.

During inspection we saw two patients were not wearing identification bracelets. We brought this to the attention of the ward manager who arranged for this to be rectified immediately. Although this is a concern we were unable to establish a time frame for how long the bracelets had not been in place.

Improvement needed

The health board must ensure that all patients are wearing identification bracelets at all times.

Preventing pressure and tissue damage

We found consistent use of assessment tools, to identify those patients at risk of developing a pressure ulcer and tissue damage. Appropriate mattresses were being used for patients who were at high risk of developing, or had a current pressure ulcer or tissue damage. The ward manager maintained a detailed audit of pressure damage incidents on the ward, with a view to preventing reoccurrence through shared learning with ward staff.

We were told that advice and guidance was available from a Tissue Viability Nurse (TVN) for treatment of tissue damage. However, the TVN rarely attended the ward to assess patients, and advice was more often provided over the phone.

Improvement needed

The Health Board must consider the level and appropriateness of support provided to the ward from the TVN.

Falls prevention

We found that patients were assessed for their risk of falls on admission, with re-assessment through the daily board round. The ward manager had implemented a shooting star system on the ward, as a discreet identifier of those patients who presented a risk of falling. This consisted of a small marker on the PSAG board and a sticker within the patients' notes.

The ward manager also maintained a detailed audit of all falls on the ward, which assisted in identifying higher risk or problem areas within the ward. Physiotherapy and occupational therapists were situated on the ward, and had a vital role in managing those at risk of falls.

Infection prevention and control

We found that commodes on the ward were maintained and fit for purpose. Within the sluice room, there were a number of commodes which had been cleaned and were awaiting distribution. These were clearly marked with tape to show that they had been cleaned and were ready for use.

We observed a meal round during the inspection and spoke with hotel services staff. There were specific staff allocated on each shift, to carry out cleaning duties, and there was a separate staff member allocated to arrange the meals and serve them to patients. Once all the meals had been served, only then would that member of staff assist with cleaning duties on the ward.

The infection prevention and control nurse carries out a bi-monthly inspection of the ward. This forms part of the audit held by the ward manager. All staff were up to date with their infection prevention and control training. We witnessed good hand hygiene by staff and there were hand sanitiser dispensers throughout the ward.

Personal protective equipment was available and we witnessed this being used by staff where appropriate.

Nutrition and hydration

During inspection we saw that the patient meals looked quite appetising, and were served by a designated member of hotel services staff. Some patients did however, complain about the poor quality of the meals and a lack of variety.

Fluids were freely available for patients. These were regularly maintained by staff on the ward. A nutritional assessment formed part of the original admission assessment carried out by staff. Fluid and nutritional intake were monitored within patient care notes where appropriate, and this also formed part of the MDT board round, every morning.

A dietician was available to provide advice on individual needs. Referrals could be made to the dietician where appropriate.

We saw patients being provided with a wet wipe prior to each meal to clean their hands. The patients were also encouraged to wash their hands.

Medicines management

We witnessed a number of medication rounds with different registered nursing staff. We found the process to be consistent and carried out to a high standard. The all Wales Medicine Administration Records were being used and completed comprehensively. We saw good compliance with recognised professional practice.

Storage of medication was safe and appropriate, all cupboards and trolleys were locked. The room where medication was stored had well recorded temperature checks, as did the medication fridge. Recording was good and we saw staff signing only after administration to individual patients.

Drugs charts were kept on the medication trolley and not with bed notes. This is something the ward may want to consider changing to make this information more accessible to ward and MDT staff when providing treatment to the patient. We were told by the ward manager that a pharmacy order management system is being implemented in the near future, with the input of pharmacy technicians. This is designed to provide a more efficient system of medication management on the ward.

Effective care

Safe and clinically effective care

We observed staff providing safe and effective care to patients. Care planning was good with a daily MDT board round. Each patient was discussed and a daily plan was recorded and then implemented.

We found the initial assessment tool for patients to be comprehensive. Also this was regularly updated within the care notes. There were however, some parts of this assessment that were incomplete for some patients.

We found that Venous Thromboembolism[4] (VTE) assessments were being conducted in accordance with NICE[5] guidelines. However, the recording of these assessments was inconsistent across the patient records we checked.

The health board does not currently have a VTE assessment policy.

Improvement needed

The health board must ensure that:

- Initial assessment documents are completed fully. Areas that are not applicable to that individual patient should be marked as such
- Consistent recording of the VTE assessments conducted and produce a VTE assessment policy.

Record keeping

We found the patient records to be of a good standard and easy to navigate. As mentioned earlier in the report, the initial assessment document was very detailed and was regularly updated. The patient records also contained the

[4] https://www.nhs.uk/conditions/blood-clots/

[5] https://www.nice.org.uk/

shooting star and the butterfly icons, so any staff looking at the notes, could identify these risks for the patient immediately.

The PSAG board was very detailed and reflected the salient information from the patient records. The board was kept up to date and reviewed regularly.

The patient records were held in lockable trolleys on the ward. When not in use, these were locked and secured to the wall, although in limited available space.

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.

Overall, we found a very hard working and respected ward manager, working with the team to ensure a good standard of care was delivered.

There was a close working relationship between nursing, physiotherapy and occupational therapy staff.

All staff had received an annual appraisal in the last twelve months, and the mandatory training of staff was well maintained to a high percentage. Training time was also allocated to ensure this is maintained.

The ward manager conducted a broad range of appropriate audits on the ward, and displayed the results within the patient areas.

We found that support offered by senior staff based off site, and out of hours support, required improvement.

Required improvements we identified

Areas for improvement identified at last inspection included the following:

The health board must:

- Ensure that all ward based staff are fully aware of the escalation processes in operation if additional support / advice is required when ward manager / deputy are not present
- Ensure that audits are undertaken in a robust manner and where anomalies are identified they are acted upon and remedied in a timely manner

- Provide HIW with an action plan outlining how it intends to provide managerial and professional support for community based ward managers and ensure integration and sharing of practices
- Introduce a formal ward based induction process for new members of staff
- Undertake an evaluation of the current staffing levels on the ward utilising a recognised model / process
- Provide an action plan identifying how it intends to ensure that all staff receive mandatory training in a timely and effective manner
- Ensure all staff receive an annual appraisal.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Reiterate to staff the current escalation process in the event that ward managers are not present out of hours. The site management team at Prince Phillip Hospital (PPH) are to be contacted out of hours
- Spot checks by the CLN will focus on Fundamentals of Care outcomes and shared with registered nurses in a timely manner
- CLN and Head of Community Nursing (HCN) to meet with all staff to discuss the outcomes of the HIW inspection, and the actions that will be taken to address the recommendations within the report
- CLN and HCN to meet with all staff, to discuss the outcomes of the HIW inspection, and the actions that will be taken to address the recommendations within the report
- CLN to meet with ward manager and ward sister to discuss all facets of managing the ward area, inclusive of staff, patients and the health board's expectations of the service
- Monthly meetings to be arranged to discuss resources and financial expectations and requirements
- Ensure continuous support of professional revalidation is in place
- Induction packs to be reviewed for student nurses and to be provided to all new staff

- CLN to discuss safe staffing legislation with the HDUHB professional practice development nurse, and replicate the work undertaken in acute areas, which will define our model and establishment going forward. HDUHB to undertake an acuity assessment of all sites over the summer
- Identify the staff that are noncompliant with mandatory training, and provide appropriate support
- Provide staff workshops to support staff to be able to log onto the system and complete the modules
- Offer protected time for staff to complete the mandatory training. Staff who feel that it is difficult to complete training during shifts, are offered time away off site with support from community administrative staff
- CLN/ward manager to take appropriate action following notification of staff training modules expiring
- Remaining staff to receive their personal annual development appraisal
- A schedule for annual appraisals to be put in place, and regularly updated.

What we found on follow-up

Governance, leadership and accountability

Overall, we found a ward manager working extremely hard to ensure that her staff delivered safe and effective care to patients. Staff were all complimentary of the way in which the ward manager runs the ward and the support that is provided to the staff.

As within our initial inspection, it is still evident that the ward manager is contacted when not on duty, if there is an issue on the ward such as, staff absence. Staff have been made aware of the escalation process following the initial inspection, and all staff we spoke with, agreed they were aware of the process, but they felt that the support was still not available when this process was adhered to. The health board must ensure that this escalation process is robust, and the response is consistent across health board sites.

The majority of staff we spoke with raised concerns about the level of staffing on the ward. Staff told us that on some occasions, they felt that there were not enough staff on duty, for them to carry out their job properly.

The ward manager was keen to ensure that care on the ward was delivered to the highest standard. The ward manager ensured that a programme of audits were carried out and were up to date. The information from these audits was displayed on a notice board in the conservatory area. The ward manager also kept detailed files of the audits within the office.

The ward manager's office was immediately opposite the nurse station, in the middle of the ward. There was a clear emphasis on being available as much as possible to support the rest of the staff on the ward. Staff we spoke with told us that there was a clear lack of support from senior management, above the ward manager. We were told that all senior managers were based off site, and it was very rare that they visited the hospital.

We saw an induction pack that had been produced by the ward manager. This was detailed and contained all relevant information for new starters. It also incorporated temporary staff who may work on the ward such as agency and bank staff.

Improvement needed

The health board must ensure that the escalation process for out of hour's concerns, is adhered to and that the response is consistent across health board sites.

Staff and resources

Workforce

We saw a workforce on the ward that were committed to providing the best possible care to patients. Staff undertook their duties in a caring and compassionate manner.

The majority of staff who completed a questionnaire felt that the staffing levels were not sufficient to meet the needs of the ward. In addition, the majority felt unsupported, particularly out of hours when the ward manager was not present.

We saw evidence that most staff on the ward were compliant with mandatory training, and that regular time was set aside for this, and to be conducted where necessary. We also saw that every staff member had now received an annual appraisal.

There were a number of vacancies on the ward. We were told by the ward manager that they had not received a great level of interest in these roles when advertised externally. This necessitated the use of bank and agency staff. We

also saw the ward manager and other staff committing to work additional hours in order to fulfil the staffing needs of the ward. The additional hours were managed by the ward manager.

Improvement needed

The health board must inform HW of their recruitment plans for the ward, and that staffing levels are maintained to a safe level.

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 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
No immediate concerns were resolved during the inspection.			

Appendix B – Immediate improvement plan

Service: Cysgod y Cwm Ward, Amman Valley Hospital

Date of inspection: 20 & 21 May 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
There were no immediate assurance concerns 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

Service: Cysgod y Cwm Ward, Amman Valley Hospital, Hywel Dda University Health Board.

Date of inspection: 20 & 21 May 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				
The health board must provide HIW with a timescale for completion of planned works	4.1 Dignified Care			
Delivery of safe and effective care				
The health board must ensure that all patients are wearing identification bracelets at all times.	2.1 Managing risk and promoting health and safety			
The Health Board must consider the level and appropriateness of support provided to the ward from the TVN.	2.2 Preventing pressure and tissue damage			

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board must ensure that: • Initial assessment documents are completed fully. Areas that are not applicable to that individual patient should be marked as such • Consistent recording of the VTE assessments conducted and produce a VTE assessment policy.	3.1 Safe and Clinically Effective care			
Quality of management and leadership				
The health board must ensure that the escalation process for out of hour's concerns, is adhered to and that the response is consistent across health board sites.	Governance, Leadership and Accountability			
The health board must inform HW of their recruitment plans for the ward, and that staffing levels are maintained to a safe level.	7.1 Workforce			

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: