Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection (Unannounced)

Withybush Hospital/Hywel Dda/Wards 7 and 11

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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 Withybush Hospital, Hywel Dda University Health Board on the 4 and 5 February 2020. The following wards were visited during this inspection:

- Ward 7 (Diabetes and Gastroenterology)
- Ward 11 (Stroke and Rehabilitation).

Our team, for the inspection comprised of one HIW Senior Healthcare inspector, one HIW Healthcare Inspector, two clinical nurse peer reviewers and a lay reviewer. The inspection was led by the HIW Senior Healthcare inspector.

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 respectful and dignified care to patients.

However, we identified that improvements were required to ensure the safe and effective care of patients in accordance with national guidance and the Health and Care Standards.

This is what we found the service did well:

- Patients we spoke with were happy with the care they received
- Patients told us that staff were kind and polite
- We saw that staff were kind and sensitive when providing care to patients
- We found comprehensive documentation relating to falls risk assessments, continence assessments and oral care plans on both wards
- We saw appropriate use of protective personal equipment (PPE) on both wards
- We found staff who were learning the Welsh language using the 'gwaith iaith' badge on ward 7
- We found well-structured patient case notes with dividers on ward 7
- A large day room on ward 11 used for occupational therapy, physiotherapy and the patients breakfast club
- A weekly relatives' clinic on ward 11 promoting effective communication

This is what we recommend the service could improve:

- Patient confidentiality when using the 'patient at a glance board' on ward 7 and effective use of the board on ward 11
- Patient discharge planning across both wards
- Cleanliness in areas identified on each ward

- Appropriate use of the patient day room on ward 7
- Timely delivery of food across both wards
- Patient dignity by providing single sex toilet and shower facilities across both wards
- Timely sepsis screening
- Response to call bells
- Provision of information relating to advocacy arrangements and Community Health Councils.

We had some immediate concerns which were dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. These were in relation to:

- The adequacy of emergency resuscitation trolleys on both wards and checking of equipment and consumables
- Secure storage and documented checks of controlled drugs on ward 7 and documented checks on fridge temperatures on ward 11
- A requirement for fire doors to be installed on ward 7 in line with an enforcement notice issued by the Fire Service
- The absence of patient identification wristbands on four patients across both wards
- Lack of servicing records for beds on ward 11 and out of date servicing for an Electrocardiogram machine on ward 11.

Details of the immediate improvements we identified are provided in Appendix B.

3. What we found

Background of the service

Hywel Dda University Health Board provides healthcare services to a total population of around 384,000, throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites.

Withybush General Hospital in Haverfordwest, Pembrokeshire, is an acute hospital in the furthest southerly point of Wales and provides acute, emergency and elective care. The hospital operates a 24 hour emergency department (ED), general surgery, orthopaedic & trauma surgery, elective gynaecology, coronary care, general medical, radiology services and a midwifery led unit. There is provision for a 12 hour Paediatric Assessment Unit which is supported by a dedicated ambulance vehicle.

Ward 7

Ward 7 is a general medical ward with a specialist interest in diabetes and gastroenterology. At the time of the inspection there were 28 patients accommodated. The ward has four bays with a total of 22 beds and six single side rooms. One of the bays has toilet and shower facilities and each of the single rooms have toilet facilities.

Ward 11

Ward 11 is a four bedded acute stroke unit and 17 bedded stroke rehabilitation ward. Some patients are admitted through ED following an emergency or unplanned admission.

At the time of the inspection there were 19 patients receiving care for acute conditions and rehabilitation. The ward has three bays of four beds, one bay of

six beds and three side rooms. The ward manager told us they aim to keep one bed empty for emergency thrombolysis[1].

[1] Thrombolysis is the treatment to dissolve dangerous clots in the blood vessels, improve blood flow and prevent damage to tissues and organs.

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, patients told us their experience was very good. They told us that staff were kind and sensitive when providing treatment. Most patients told us that staff listened to them and talked to them about their medical conditions and helped them understand them.

We noted the atmosphere was calm on both wards. Staff were busy, yet friendly and approachable.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 11 questionnaires were completed. We also spoke to patients during the inspection. Patient comments included the following:

> *"All staff work very hard and are always polite"*
>
> *"I am in a ward with 3 men and I am a woman which I do not like, so I have asked to be moved if possible"*
>
> *"Food needs changing to a better standard"*

Patients rated the care and treatment provided during their stay as very good. Patients told us staff were polite and referred to them by their preferred name.

Patients agreed that staff provided care when it was needed. Although wards 7 and 11 were busy, the atmosphere was calm.

Staying healthy

Both wards provided health promotion and health related information to patients and visitors, although we noted an absence of information relating to smoking cessation and sepsis.

Ward 11 has a large day room where patients can sit and eat breakfast. This room also provides gym facilities and is used by occupational therapy and physiotherapy staff to provide care to patients. Patients told us that they were

grateful for this room as it provided them with space to sit and chat. The patients' day room on ward 7 was being used as a staff photocopier room.

Patients on both wards told us that staff encouraged them to get out of bed at the appropriate time and helped them wash and dress. Patients on ward 11 told us healthcare assistants offered bath and shower or a full wash by their bedsides.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Information relating to smoking cessation and sepsis are made available on both wards.

Dignified care

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about hospital staff. Most patients agreed the care and treatment provided on ward 7 and 11 was very good and staff were kind, respectful and polite. One patient commented:

"All staff work very hard and are always polite".

Patients told us that they were called by their preferred name and most patients agreed that they were offered the option to communicate in the language of their choice.

Patients informed us that they were spoken with in their preferred language. We saw staff on ward 7 wearing the 'gwaith iaith' badge on their uniforms identifying themselves as Welsh speakers and observed them speaking to patients in the Welsh language. The ward manager on ward 11 informed us that Welsh speaking staff wear the badge when on duty. We were informed that a patient's language preference is recorded upon admission in their notes and noted by staff during handover. We noted that the health board Bilingual Skills Strategy was due for review by the Workforce Planning department on 30/11/19 and was therefore out of date.

We saw staff being patient and kind with patients on both wards and promoting privacy and dignity by closing the curtains around patients' beds. However, discussions with patients could be overheard through the curtains and as a result were not totally confidential.

We saw records that indicated each individual patient's continence needs had been assessed and appropriately documented within the All Wales Continence bundle[2]. Patients agreed that staff helped with their toilet needs in a sensitive way so they didn't feel embarrassed or ashamed.

Ward 11 provided designated single sex toilets and these were appropriately signed. Shower facilities on ward 11 were unisex. There were no designated single sex toilets or showers on ward 7 and there were no signs to assist those patients with cognitive impairment[3].

We saw patients being offered assistance with washing and shaving. We were told that some patients often requested wash bowls at their bedside as the showers on ward 7 were not very powerful and the water was cool.

Patients' names, and information relating to their healthcare, were displayed in full view of patients and visitors on a Patient Status at a Glance board (PSAG) [4]located on the wall beside the nurse's station on ward 7. We were informed by the senior sister that staff were aware that the board should be closed when not in use in order to protect patient confidentiality. At our request, the board was closed. However, on several occasions during the course of the inspection we found the board had been re-opened and not closed after use. All patients have the right to ensure their personal information is kept private and held in the strictest confidence. We saw the patient at a glance board on ward 11 was under-utilised with information not kept up to date and with some sections of the board left blank.

[2] The assessment of continence to support the improvement of patient experience and dignity of care.

[3] Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life.

[4] A visual display of information, staff allocation and handover meetings on ward.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Bilingual Skills Strategy is reviewed and updated
- Staff ensure conversations with patients are conducted in a quiet manner to protect their patient confidentiality
- Single sex toilet and shower facilities are provided to ensure the dignity of patients is protected
- Efforts are made to ensure water is maintained at the correct temperature in the showers on ward 7
- Staff on ward 7 are informed of their duty to keep patient information strictly private and confidential by closing the open section of the at a glance board when not in use and ward 11 is encouraged to use the board ensuring sections are complete and information is up to date.

Patient information

At the entrance to ward 7, we saw a Philosophy Statement that informed the reader that staff are ready to listen, pleased to help and respectful of the trust placed in them. This is noteworthy practice.

We saw Knowing How We are Doing notice boards at the entrance to ward 7, displaying information relating to staff compliance with hand hygiene, pressure area care, patient falls and compliance with the cleaning schedule. The dates presented on the information were not consistent, with some dated December 2019, and other information dated February 2020. This provided a confusing picture to the reader.

Ward 11 had a supply of leaflets relating to infection prevention, influenza, and stroke and weight loss.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Information relating to staff compliance with hand hygiene, patient pressure damage, patient falls and ward compliance with the cleaning schedule is presented clearly and on a timely basis on ward notice boards.

Communicating effectively

Most patients on ward 7 told us that staff listened to them and took time to explain things to them. Patients on both wards commented that they were kept up to date with the plans about their care and associated rehabilitation progress. One patient told us that staff would respond to call bells and would explain if they were unable to deal with their request straight away but reassure them that they would be with them as soon as they could.

We were informed that Ward 11 provides a relatives' clinic each Friday, allowing relatives to book appointments to speak to staff. This is noteworthy practice, promoting effective communication.

Patient notices, information boards and signs were predominantly presented in the English language on both wards. Patient information leaflets and other information relating to stroke, influenza, Putting Things Right (PTR), dementia and the Red Cross presented on notices boards were available bilingually. We saw some signs on both wards providing information to patients and families in the form of a picture rather than words, enabling easier understanding for those with communication or cognitive impairment.

Ward 7 did not have hearing loop facilities to enable better communication for hearing impaired patients and visitors. The ward sister informed us that a hearing loop was on order and braille facilities could also be accessed if required.

Ward 11 had a Who's Who board displaying staff names and their designation. This provided useful information to patients and visitors. Ward 7 provided a notice that displayed the name of the ward sister. Information relating to the staff on duty was not available.

Ward 11 provides a dedicated speech and language therapy session every Thursday helping patients with speech, language and cognitive communication.

Timely care

A review of patient case notes on ward 7 identified that they were well structured using subject separators. Hand written, multidisciplinary notes were legible, comprehensive and in chronological order on both wards. We noted the absence

of some documentation and this is referred to in more detail within the Record Keeping section of this report.

We looked at a sample of patient case notes and noted that admission assessment documents had been completed that considered patient care and clinical needs. A review of patient case notes, and referrals from the ED, identified that the documentation does not incorporate a sepsis assessment. We were informed that whilst the nursing assessment documentation does not incorporate a specific sepsis assessment this is included within the Early Warning Score (EWS) escalation / action process. An EWS score identifies acutely ill patients including those with sepsis. The health board informed us that an EWS score of 3 or more prompts consideration of a sepsis screen to be undertaken.

Patients told us they had access to call bells and staff responded to their calls. However, one patient told us that staff answer the call bell but this *"depends on how busy they are".*

We timed the response to call bells and observed that there was one occasion on ward 7 where staff took six minutes to respond and one occasion on ward 11 where staff took four minutes. Staff should ensure they respond to call bells in a timely manner to ensure that patients' needs are fully met.

The majority of staff across both wards indicated in the HIW questionnaires that there was enough staff to provide timely care to patients. Staff commented:

- I am able to do my job *"through the block booking of agency staff"*.

Although one member of staff on ward 11 commented:

- Management *"don't care about staffing levels".*

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure:

- Regular management review to ensure EWS scores over 3 prompt sepsis screening
- Staff respond to call bells in a timely manner to ensure that patients' needs are fully met.

Individual care

Planning care to promote independence

Patients told us that they were kept informed of their treatment care plans.

Ward 11 has a large day room used for occupational therapy and physiotherapy. There was also a dedicated physiotherapy service.

Ward 11 has a breakfast club, designed to encourage patients to get up, washed and dressed and go into the large day room to eat breakfast and chat. There was evidence that staff on ward 7 encouraged patients to be active and provided equipment to enable this.

A review of patients' case notes identified that there was no evidence of documented discharge planning on either ward. Effective discharge planning is a key part of operational bed management. It helps reduce the length of in-patient stay by adequately preparing them for discharge with all necessary care packages in place, thereby reducing unnecessary readmissions.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Discharge planning and appropriate care packages are arranged for patients in advance of discharge and are subject to regular review.

People's rights

The health board has a protocol entitled 'NHS Wales employee has concerns about an adults welfare'. This protocol provides up to date guidance on concerns and provides a procedural flowchart for easy reference. We saw that the 'Management and Investigation of Incidents policy' was out of date and should have been reviewed on 30.01.19.

Patients on both wards told us that friends and family were always made to feel welcome on the ward and that visiting times were convenient and flexible.

There was no evidence of information relating to the Community Health Council (CHC) on either ward. The CHC are the independent voice of people in Wales who use NHS services and encourage and support people to have a voice in the design and delivery of NHS services.

A Putting Things Right[5] poster was displayed at the entrance to ward 11. However, there was no such poster on display on ward 7, and leaflets were found to be stored out of sight at the ward reception. This was raised with the ward sister who arranged for a laminated poster to be placed on the notice board, and leaflets to be placed in full view at the reception.

Patients on ward 7 had access to Patient Advice and Liaison Service (PALS) leaflets. However, we noted that there was no contact information on ward 11. The PALS team comprises of three dedicated staff who visit wards on a weekly basis. This was a new initiative implemented in January 2020. They told us that they ask patients to complete Welsh Government 'Your NHS Experience' questionnaires. They told us that all patients' concerns are administered through the health board's concerns system.

There was an absence of information relating to advocacy arrangements on ward 11. Advocacy support can be sourced from local government social services and charities. In the absence of family and friends, they can provide patients with a spokesperson who can provide support to understand care, people's rights and assist with making decisions.

There is a patient and relatives' room on ward 7. The room did not appear to be patient or relative focussed. There was a large photocopier printer in the room which was being regularly used by staff. Ward 11 has a dedicated relatives' room. The room was spacious and bright.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Management review and update the 'Management and Investigation of Incidents policy'
- Both wards provide patients and visitors with information relating to the CHC

[5] Putting Things Right is the integrated process for the raising, investigation of and learning from concerns.

- Patients on ward 11 have access to information relating to Patient Advice and Liaison Service
- Information relating to advocacy arrangements is made available on ward 11
- The photocopier on ward 7 is relocated to a suitable area, ensuring patient day room facilities are protected for improved patient experience.

Listening and learning from feedback

We saw a poster stating that ward 7 welcomes feedback from patients and family and the ways in which patients can provide feedback. There was a QR code[6] on the notice board by reception providing patients, family and friends with an opportunity to access an online questionnaire on the care provided on the ward.

There was very little information presented on notice boards on ward 7 in relation to listening and learning from feedback. We saw only one example where action had been taken to reduce noise levels on the ward. This highlighted that medication rounds were now being done earlier and patients were provided with earplugs if required. We were informed that bilingual laminated posters entitled Your Feedback Matters were displayed around the hospital and PALS would be responsible for training managers in a consistent approach to providing feedback on notice boards.

Ward 7 was piloting The Friends and Family Test (FFT). The FFT was created to help service providers and commissioners understand whether their patients are happy with the service provided whilst in hospital, or where improvements are needed. It is a quick and anonymous way to give views after receiving care or treatment across the NHS. If patients agree to participate they receive a text message or automated phone call within 48 hours of discharge. This provides them with an opportunity to provide feedback on the services received and if they recommend services to friends and family. This facility is being piloted across

[6] A Quick Read code used to access information on a smartphone

four hospitals within Hywel Dda health board. We acknowledge this is noteworthy practice.

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 identified that there were robust processes in place for the risk assessment of falls and falls prevention care plans. Patients were in receipt of nutritional risk assessments and oral care plans. Risk assessments enabling early detection of complications.

We saw staff using personal protective equipment and were routinely bare below the elbow.

However, we identified a number of serious issues that required significant improvement to ensure safe and effective care. These included identification of resuscitation trolleys that were not fit for purpose on ward 11, inconsistent checking of controlled drugs on ward 7, requirement to fit fire doors on ward 7, patients identified that were not wearing patient identification wristbands and inadequate servicing records for patient equipment on wards 7 and 11.

Safe care

The following concerns were dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided Appendix B. A summary of these concerns is provided below:

- We identified that the emergency resuscitation trolleys on both wards were not fit for purpose. The contents on the trolley located on ward 11 were untidy and cluttered and records indicated equipment and consumables were not being checked on a regular basis. Emergency drug boxes had been placed on top of both trolleys in full view of patients and the general public, compromising patient and public safety

- A review of the daily checklist for controlled drugs on ward 7 identified controlled drugs had not been checked on a number of occasions. The key to the controlled drugs cabinet on ward 7 was not held by the person

in charge of the ward or designated deputy, as required by the health board medicines policy. The lock on the controlled drugs cabinet had not been activated allowing unrestricted access. We identified that staff on Ward 11 had not documented fridge temperature checks over a period of six days in January 2020

- A requirement to install fire doors on ward 7 had been raised by the Fire Service who had issued an enforcement notice identifying fire precaution requirements for Withybush hospital to protect patient safety. The enforcement notice indicated that action should be taken by November 2019. We were informed that the hospital management team had made a proposal to complete all necessary work identified in the notice, and were waiting for confirmation from the Fire Service that this was acceptable.

- We saw two patients on ward 7 and two patients on ward 11 that were not wearing patient identification wristbands. The absence of a patient identification wristband can result in misidentification and compromise patient care and safety

- A number of beds on ward 11 did not have any servicing records attached to the bed, and other records indicated servicing was out of date. A lack of, or infrequent servicing of beds may compromise the effective use of the bed, and in turn compromise patient safety. We saw a service record for an Electrocardiogram machine on ward 11 that indicated the service was due 4/10/19. A lack of, or infrequent servicing of clinical equipment may compromise the effective use of the equipment, and in turn compromise patient safety.

Managing risk and promoting health and safety

We found that patient bays and side rooms on both wards were clean, and fixtures and fittings appeared to be in relatively good condition. However, we saw areas around the nurses' station on ward 7 that were dusty. We saw examples of damaged door frames and scuffed paint on both wards.

There was a lack of sufficient storage on both wards. The patient day room on ward 7 was being used as a photocopying room, and the day room on ward 11 was being used to store wheelchairs and hoists. We saw clean linen piled on a large trolley in a recess on ward 7, rather than in a cupboard. The lack of storage space presented potential trip hazards to patients, visitors and staff and inappropriate use of patient room facilities.

The door to the store room on ward 7 was open, and several cupboard doors within the store room had been left open. Shower creams and hair shampoo were

visible. To maintain a safe patient environment, all liquids should be stored securely in a closed cupboard. We noted that the tops of the cupboards were dusty, and the contents were untidy and cluttered. The cleaning cupboard door near the entrance to ward 11 was open, chemicals were visible and other items were cluttered. Upon our advice, the chemicals were stored away and the cleaning cupboard door was closed.

The door at the entrance to ward 7 was propped open, obscuring two foam fire extinguishers, compromising patient safety in the event of a fire. We saw that a carbon dioxide extinguisher was not correctly mounted. This presented a trip hazard when the door was open.

We saw several defibrillator notices placed on the walls on ward 7 informing the reader where to access the equipment. We noted that the wording was presented in a small font and not easy to read.

We were made aware that there was a water leak in the sister's office. We were informed that the leak had been present for some time and a bucket had been placed on the floor to catch dripping water. Further inspection identified missing tiles from the ceiling. Dripping water presents a potential infection risk and the bucket placed on the floor was not emptied regularly and presented a trip hazard. We were informed that there was an inherent leak problem across the hospital.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- All ward areas are cleaned to a high standard
- Consideration is given to providing appropriate storage facilities on both wards to ensure a trip free environment
- All liquids and chemicals are stored in a closed cupboard
- fire extinguishers are correctly mounted and not obscured behind an open door
- The leak in the sister's office on ward 7 is addressed and the bucket removed .

Preventing pressure and tissue damage

Ward 11 had a dedicated pressure care information board that reported there had not been any incidences of patient pressure damage for 5 years.

Both wards used air mattresses for the care of patients with pressure sores and tissue damage.

The majority of records on both wards confirmed patients had received skin and pressure ulcer risk assessments upon admission. Regularly reviewed care plans were in place on both wards. However, we noted that care plans on ward 11 were not individualised and comprised of a series of tick boxes, with no further explanation on any on-going pressure sores or tissue damage. Patient case notes on both wards identified patients were regularly repositioned. However, one set of patient notes on ward 7 recorded inconsistent repositioning of an immobile patient. Records indicated the patient was being repositioned every eight hours during the course of the night. Repositioning is recommended at least every six hours for adults at risk and every four hours for adults at high risk.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- In line with the National Institute for Health and Care Excellence (NICE) guidelines, if a person is unable to reposition themselves, health and social care professionals should help them to change their position, to prevent the development of pressure ulcers. For safety reasons, repositioning is recommended at least every six hours for adults at risk, and every four hours for adults at high risk.

Falls prevention

We saw records on ward 11 that confirmed patients had received a falls risk assessment upon admission and was subject to on-going review. A falls prevention care plan was in place for those patients at risk of falls. The risk assessment and care plan document the patient's history of falls, risk factors and the prevention of future falls.

The hospital does not have a specialist falls service. We were informed this is a community based service.

Infection prevention and control

Patients on both wards were complimentary about how clean and tidy both wards were. One patient on ward 7 described how the domestic staff clean the bay twice a day and ensure they clean all the curtain rails and window sills.

We found that some areas on ward 7 were dusty, including sections of the nurses' station. We saw high levels of dust in the storage room, and evidence of dust on some drip stands, beds and commodes, despite being tagged as clean. We saw that the window sill in bay one was dusty and patient belongings had been placed directly on the sill. As this presented an infection control risk, we asked staff to remove the patient's belongings from the window sill and ensure it was cleaned. This was addressed immediately.

We saw a number of areas on ward 7 where standards of cleaning were poor. The floor in the dirty utility was dirty and bits of paper were strewn across it. A cardboard container in a commode was wet as the frame had not thoroughly dried after having been cleaned. One of the taps in the basin was dripping and we were informed that an old toilet unit was being used to dispose of dirty water from mop buckets. The unit didn't have a seat or lid and did not appear to have been cleaned. Water pipes in one of the shared toilets were dirty and dusty. The Housekeepers were informed immediately and came to the ward to assess the level of cleaning required.

We were informed that two patients on ward 7 had health care associated infections. Both of the patients had been isolated in side rooms, and infection notices were evident outside the rooms. However, both the doors to the rooms were wide open presenting a risk of cross infection. There was no evidence to confirm that a risk assessment had been completed and the reasons why the door was to remain open.

We saw staff on both wards using personal protective equipment (PPE) such as disposal gloves and aprons. Hand washing and drying facilities were available on the wards, together with hand sanitising gel. We saw hand hygiene, hand washing and bare below the elbow posters on the ward. Effective hand hygiene is essential to help prevent cross infection.

The health board requires staff to ensure they are bare below the elbow whilst on duty. Staff are not permitted to wear clothing and jewelery beneath their elbow (other than a plain wedding band), particularly when in contact with patients to maintain good infection prevention and control. We saw staff were adhering to the bare below elbows instructions on both wards.

Staff told us that they had been adequately trained in infection prevention, and training records reflected this. Staff demonstrated that they understood how to deal with needle stick injuries. Staff confirmed that they understood the process to arrange a deep clean of the ward and decontamination following infection.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- All areas on the ward are cleaned to a high standard
- Patients in side rooms presenting with infection are risk assessed to confirm if it is appropriate to allow the doors to the rooms to remain open.

Nutrition and hydration

We saw records that showed both wards used the All Wales Nutrition Pathway[7] in the appropriate way and nutritional risk assessments were in place. We also saw evidence that patients' food and fluid intake was monitored and reviewed.

We saw records on ward 11 that indicated patients had oral care plans in place.

We saw that patients on both wards were given menus each morning enabling them to choose their preferred meals.

We observed healthcare assistants clearing tables before food was served on both wards and providing patients with clinical hand wipes to clean their hands before eating. We saw that patients were provided with water jugs and fresh water and a variety of drinks were offered with meals including tea, coffee, water and juice.

We saw food and drink being distributed to patients by health care assistants. On ward 7 we saw two patients struggling to feed themselves. They were not provided with assistance. This was brought to the attention of staff on duty. We saw some patients on ward 11 provided with red trays indicating they need assistance with food and drink.

[7] The All Wales Nutritional Care Pathway assists nurses in the decision making process associated with the nutritional screening of every patient on admission and the nutritional care required throughout their hospital stay.

Patients told us that they were able to eat their food at their own pace and most agreed that staff would assist them to eat and drink if needed. All patients we spoke with agreed that water was always accessible.

We noted that the distribution of meals on both wards could take over half an hour. Patients commented that food was sometimes cold and wet with condensation from the container lids. Long term patients told us that the choice of food had become repetitive.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Meals are delivered to patients in a timely fashion to prevent the food from going cold and wet with condensation.

Medicines management

The health board has a Medicines policy and a Management of Nursing and Midwifery Medication errors/near misses policy. Both policies provided comprehensive information and were up to date.

Both wards have a dedicated ward pharmacist who visits the ward five days a week. Ward 11 also has a dedicated ward pharmacist technician. As part of the ward team, they ensure patients are provided with, and receive the correct medication.

We considered the arrangements on each of the wards for medicines management. Both wards have a medication safety zone that provides secure storage of medication in a locked room. Patients' lockers were also used to store medication on ward 11. These were locked and the key held by a registered nurse.

We found that intravenous (IV) fluids were not adequately locked away on either of the wards. Intravenous fluids should be locked away to ensure safe storage and prevent unauthorised access to healthcare equipment.

Controlled drugs were stored in locked cupboards on both wards. We were informed that the key storage cabinet containing the controlled drugs cupboard key for ward 7 was not locked at the time of the inspection, as the ward were waiting for the lock to be activated. This was addressed during the course of the inspection. We saw daily stock checks of controlled drugs were adequately recorded in the appropriate logbook for ward 11. However, we could not be

assured that daily stock checks had been routinely completed on ward 7, as the logbook had not been completed on 24 December 2019 and the 01 and 02 January 2020. This issue was addressed as part of our immediate assurance process, details of which are presented in Appendix B.

We saw documented evidence that medication fridge temperatures had been routinely checked on ward 7. However, there appeared to be six days in January 2020, when the fridge temperatures had not been checked on ward 11. We saw that protein drinks were stored in a fridge on ward 11. This fridge was old and did not appear to be well maintained. This issue was addressed as part of our immediate assurance process which, details of which are presented in Appendix B.

Staff wore red tabards on both wards to indicate they were conducting a medication round and should not be disturbed. We saw medication being administered on both wards in a calm and organised manner . Patients were positioned correctly and assisted when taking medication.

Across both wards, we identified five patients who did not have identification bands. Identification bands allow staff to correctly identify patients and ensure they receive the correct prescribed medication. Medication had been administered to these patients whilst the patient identification bands were not in place presenting a risk of administering the wrong medication.This issue was addressed as part of our immediate assurance process which, details of which are presented in Appendix B.

The medication administration charts had been completed correctly on both wards.

We saw oxygen appropriately prescribed to patients on both wards. This was recorded on the medication administration charts.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- IV fluids are secured in a lockable cupboard or room.

Safeguarding children and adults at risk

All patients told us they felt safe and could approach staff if they were worried about anything.

We saw the health board has an up to date Enhanced Patient Support policy, providing a framework for heightend levels of observation and support for inpatients and an up to date Deprivation of Liberty Safeguards (DoLs)[8] policy. Although, this policy will need to be updated in October 2020, to reflect the Liberty Protection Safeguards, in line with the Mental Capacity (Amendment) Act 2019[9].

We saw evidence that the health board was part of the Mid and West Wales Safeguarding Adults Board. Although the documentation provided was dated July 2019.

Mandatory training is in place for safeguarding children and adults.

A review of patient case notes on ward 11 identified a patient who should have been referred to the DoLS team. We advised the staff to complete a referral and this was actioned by the ward sister. Discussions with staff on ward 11 highlighted a need for further training on mental capacity assessments[10] and deprivation of liberty referrals. We saw one patient on ward 7 who had been assessed under the DoLS. The correct documentation had been completed and filed in the patient case notes.

Ward 7 uses the butterfly scheme[11] to identify patients with dementia. This scheme was used discreetly, protecting the dignity of the patient. We were informed that ward 11 uses the same scheme and has a dementia champion.

We reviewed a number of patient case notes on ward 11, and on two occasions noted that the documented assessment of a patients' mental capacity was

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[8] The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment in order to keep them safe from harm.

[9] On 16th May 2019 the Mental Capacity (Amendment) Act introduced the Liberty Protection Safeguards (LPS), which is a new model to safeguard and protect individuals who lack capacity and may be deprived of their liberty during their care.

[10] An assessment that aims to determine whether an individual has the ability to make decisions.

[11] The butterfly scheme allows patients who suffer from dementia and their carers to choose to have a butterfly symbol above the patients' bed. This symbol informs staff of the need to provide appropriate care based on need.

incomplete. Health professionals indicated further assessment of the patient's mental capacity was required however, no referral was made to the mental health team.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- The Deprivation of Liberty Safeguards (DoLs) policy is updated to reflect the Liberty Protection Safeguards in line with the Mental Capacity (Amendment) Act 2019
- Training on mental capacity assessments and deprivation of liberty referrals is delivered to staff on ward 11
- An assessment of a patients mental capacity is completed and documented in full and timely action taken to ensure the best interests of the patient are protected.

Medical devices, equipment and diagnostic systems

We were informed that equipment can be requested through a central equipment library. The central library is responsible for the monitoring and servicing arrangements for all the equipment in the hospital. There is also a facility to report faults with equipment.

We checked five sets of equipment on ward 7. All the equipment had been labelled as checked and servicing was up to date. We checked the servicing records on patient beds on both wards. We found a number of beds had not been labelled as having been serviced and an ECG machine that required maintenance. We were told the hospital had recently engaged a contractor to service beds and a servicing plan was being developed. This issue has been addressed as part of our immediate assurance process which, details of which are presented in Appendix B.

Effective care

Safe and clinically effective care

Pain management assessments were in place on both wards, with evidence of monitoring and review. We saw ward 7 used a recognised assessment and monitoring tool to score a patient's pain by identifying the level of discomfort or pain a patient was experiencing.

Quality improvement, research and innovation

We were informed that ward 7 were piloting The Friends and Family Test. The NHS Friends and Family Test (FFT), was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give views after receiving care or treatment across the NHS. Patients have the option to agree to receive a text message from the health board upon discharge and are asked the question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" Patients are able to respond to the question and add additional comments in support of their answer. The health board analyses responses and is encouraged to respond with the ways in which they hope to address issues raised. This is noteworthy practice.

This system does not replace the NHS Concerns process.

Information governance and communications technology

We were informed that 85.7% of staff were trained in information governance. However, when we arrived on ward 11, we saw patient handover information displayed on a computer screen. A member of staff had left the computer unattended and had not locked the screen, potentially breaching patient confidentiality.

We saw evidence that patients' case notes were not stored securely on ward 11. Patients' case notes were filed in a lockable trolley. However, the trolleys were left unattended, unlocked and with the keys left in the lock. This increased the risk of breaching patient confidentiality and unauthorised access to patient information.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- All computer screens are locked when left unattended to prevent a potential breach of confidentiality
- Patient case notes are adequately locked away when not in use to prevent unauthorised access.

Record keeping

We reviewed a sample of patients' case notes. Handwritten nursing notes were legible and the majority were routinely signed, dated but not timed. The timing of patients' care and outcomes is required to evidence that care is provided in a timely way. Some hand written medical notes were not legible on ward 7. However, signatures were supported by doctors bleep numbers.

We saw that staff on ward 7 used the All Wales Continence bundle in the correct way and were completing in-patient continence assessments.

We considered patient discharge planning on both wards. A review of a sample of patients' case notes identified that staff on both wards were not routinely completing discharge plans or planning care requirements in advance of discharge. Discharge planning promotes effective healthcare and the efficient flow of in-patients in and out of hospital. The Acting Head of Nursing expressed disappointment that administration of discharge planning was poor as staff had received training.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Hand written nursing notes should be signed, dated and timed to provide evidence of timely care
- Patient discharge plans and care requirements are considered and documented in full to enable efficient and effective discharge planning.

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.

Ward managers and other senior staff were visible during our inspection. All levels of staff were striving to deliver safe and effective care on both wards.

Ward staff expressed that they were supported by ward managers who took an interest in their health and wellbeing.

Both wards had a significant number of staff vacancies contributing to a high use of agency staff.

Governance, leadership and accountability

During our inspection, we invited staff working on the wards to provide their comments on topics related to their work. This was done mainly through a questionnaire, but we also spoke to a small number of staff on the days of our inspection. We received a total of 14 completed questionnaires from a range of staff on both wards.

We were provided with a management structure that described lines of reporting and the wider health board management team.

A full time ward manager and a deputy ward manager were in post on ward 7. A recently appointed ward manager was in post on ward 11. A deputy role had been advertised for ward 11 but the advert had not attracted any applicants. One member of staff told us:

> *"The senior sister on ward 11 has been working on her own with little support from above. Senior Band 5's are trying to help as much as they can."*

Both wards had a significant number of registered nurse vacancies and bank and agency staff were used on a regular basis. We were informed that two members of the registered nursing staff on ward 11 were on sickness absence. The ward

manager on ward 11 informed us that she spent a lot of time on the ward supporting and training agency staff. We were informed that the Senior Nurse Manager for Medicine was supportive to both wards.

We saw that the ward managers were visible, approachable and communicated with patients and staff at all levels.

Staff meetings are held on a monthly basis on ward 7. Meetings were generally well attended, and discussions documented in minutes. However, there was no evidence to show all ward staff had read the minutes. Staff meetings were not held regularly on ward 11. However, we were informed by the ward manager that information relating to the outcome of incidents was always fed back to staff.

All staff who completed a questionnaire said that they knew who the senior managers were in the organisation and the majority of respondents said there was effective communication between senior management and staff.

Half of the staff who completed the questionnaire said senior managers involve staff in important decisions, although a few respondents said they never do. The majority of staff said management act on staff feedback and most respondents said management were committed to patient care.

We spoke to staff on both wards who told us they felt supported by the ward manager who took a positive interest in their health and wellbeing and encouraged them to work as a team.

The majority of staff who completed a questionnaire said there were enough members of staff at the organisation to enable them to do their job properly, although one respondent said there was never enough staff. As a result of staff vacancies, both wards were using regular agency staff to provide continuity of care.

The majority of staff said the organisation encourages them to report errors, near misses and incidents. Most respondents agreed the organisation treated reports of an error, near miss or incident confidentially. However, a minority of respondents indicated the organisation would blame or punish the people who were involved in errors, near misses or incidents.

Staff who completed a questionnaire agreed that, if they were concerned about unsafe clinical practices, that they would feel secure raising the concern and would know how to report it. Most respondents felt confident their organisation would address their concerns once reported, though a few disagreed.

Nearly all the staff who completed a questionnaire said the organisation acted fairly with regard to career progression, regardless of ethnic background, gender, religion, sexual orientation, disability or age. Two respondents reported having been discriminated against by a patient, and three members of staff reported having been discriminated against by management.

Most staff said that they had been made aware of the revised Health and Care Standards introduced in April 2015. However, a few respondents had not.

We were provided with evidence to support the level of compliance with nursing standards on both wards. The health board operates a system of governance that supports successful delivery of objectives and health and care standards. The Health and Care Monitoring system provides on-going assessment of activity that includes percentage compliance with hand hygiene and cleaning schedules. In January 2020, ward 7 noted 91.3% compliance with staff hand hygiene and ward 11 noted 90.91% compliance.

In January 2020, ward 7 reported 93.33% compliance with the cleaning schedule and ward 11 reported 90% compliance. In addition C4C (Credits for Cleaning) audits were carried out in January 2020. They calculated a functional overall compliance with cleaning requirements as 95.40% on ward 11, and 94% on ward 7. These high levels of compliance were questioned during the course of the inspection and issues have been raised in the relevant sections of this report in relation to level of dusts and other cleaning requirements on both wards.

The Hotel Facilities department provided us with documented induction packs, practical training, roles and responsibilities and duties for staff.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- Efforts are made to recruit registered nurses on both wards and a deputy ward manager on ward 11
- Regular meetings are scheduled and documented for staff on ward 11 with minutes circulated to all staff for information and review
- Reports from staff who indicate they have been subject to discrimination by management are investigated and addressed
- Staff to be made aware of the content of the revised Health and Care Standards that were introduced in April 2015.

Staff and resources

Workforce

On the day of the inspection, the appropriate number of staff were rostered on both wards in line with Nurse Staffing Levels (Wales) Act 2016[12]. Agreed nurse staffing levels were displayed at the entrance to both wards. The ward sister on ward 7 informed us that the Act had prompted the need for more registered staff on shifts. As a result, additional staff have been rostered in line with the requirements of the Act and the acuity[13] of patients.

We were informed that both wards have significant registered nurse vacancies at bands five and six. Efforts had been made to recruit a deputy ward manager and six registered nurses on ward 11. However, there were few or no applicants. Ward 7 was operating on 50% of the current registered nurse workforce. Both wards were using regular agency staff to provide continuity of care. Despite a depleted substantive workforce, sickness rates on ward 7 were 2.51%. Ward 11 had two members of staff on long term sickness absence.

The off duty roster[14] on ward 7 confirmed the correct number of staff were rostered on shifts, although some staff regually worked three, 12 hour night shifts in a row. Management should be mindful that regular night shift working can impact on a member of staff's health and well-being and their ability to attend ward meetings and be involved in teaching projects,mentorship, teambuilidng and research.

Staff mandatory training recorded on the Electronic Staffing Record (ESR)[15] identified that ward 7 was 81.48%, and ward 11 was 77.83% complaint. The ward manager on ward 7 informed us that plans were in place to ensure new

[12] This Act requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively.

[13] Nursing resources required to provide safe care.

[14] A list of staff with the times they are scheduled to work within a given period.

[15] ESR is used by the NHS and is an integrated human resources and payroll system.

starters completed mandatory training and all other staff would be regularly reminded to complete all required training.

All the staff told us in the questionnaires that training, learning and development helped them to do their job more effectively and their manager supported them to achieve their training needs. All respondents said it helped them to stay up to date with professional requirements and to deliver a better experience for patients.

ESR noted that 97.14% of staff on ward 7, and 85.7% on ward 11, had received a staff appraisal. This is noteworthy practice.

We were informed that registered nurses complete sepsis training through Immediate Life Support (ILS)[16] training on an annual basis and this was being extended to healthcare support workers. There were no records available to confirm which staff had received this training. We were provided with a copy of the Management of Sepsis Guideline for Maternity Units within the Health Board. This was up to date with a review date of 01/03/2022.

The Rapid Response to Acute Illness Set (RRAILS), is a national learning programme focussed on reducing harm and variation in patients at risk or suffering from acute deterioration. This learning programme is available through ESR online training and training compliance is monitored.

We were informed that staff are able to access health board policies and procedures on the internal intranet system.

Those staff who completed a questionnaire told us that the organisation encourages teamwork and most felt that the organisation was supportive. Most respondents agreed front line professionals who deal with patients are empowered to speak up and take action when issues arise.

Most of the staff who completed a questionnaire said that there was a culture of openness and learning within the health board that supports staff to identify and solve problems.

[16] This training is provided to healthcare professionals who may have to act as first responders and treat patients in cardiac arrest until the arrival of a cardiac arrest team.

Nearly all respondents agreed the care of patients is the organisation's top priority, and most agreed that the organisation acts on concerns raised by patients. Most of the staff agreed that they would recommend the organisation as a place to work.

All staff who completed a questionnaire said their manager could be counted on to help them with a difficult task at work and nearly all respondents said that their manager was supportive in a personal crisis.

Most respondents said they had adequate materials, supplies and equipment to do their work.

The majority of the staff who completed a questionnaire agreed that their immediate manager and the organisation takes a positive interest in their health and wellbeing.

Improvement needed

The health board is required to provide HIW with details of the action it will take to ensure that:

- The health and wellbeing of staff working regular night shifts is reviewed regularly and also their ability to attend meetings and training during the day
- Overall mandatory training compliance is improved on both wards
- Staff attendance at Immediate Life Support (ILS) training is documented.

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 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 identified on this inspection			

Appendix B – Immediate improvement plan

Hospital: Withybush

Ward/department: Wards 7 and 11

Date of inspection: 4 and 5 February 2020

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
The Health Board is required to provide HIW with details of the action it will take to ensure that: **Resuscitation trolleys are replaced to provide appropriate storage for emergency drug boxes to prevent unauthorised access to the drugs they contain. The drawers on the trolleys are stocked in line with the Health Board Resuscitation policy (352) check list and documented as checked on a daily basis and after use.**	Standards 2.6 and 2.9			

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
We identified that the trolleys on wards 7 and 11 are not fit for purpose. Emergency drug boxes should be marked for emergency use, unlocked and tamper-evident, in line with the Resuscitation Council guidelines. However they are stored on the top of the trolleys in full view of patients and the general public. Unauthorised access to emergency drugs could compromise patient and public safety. The drawers on the trolley in Ward 11 are untidy and cluttered and staff would not be able to locate the correct items in an emergency, or be able to adequately check the contents were in line with policy. **Keys to the controlled drugs cupboard on ward 7 are held in line with the Health Board Medicines policy. Controlled drugs on ward 7 and medication fridge temperatures on ward 11 are checked and evidenced as checked on a daily basis.**	Standard 2.6	Order placed prior to inspection. Expected delivery is 16 March 2020. To monitor and follow up on delivery and seek support from Pharmacy & Resuscitation Officer for the changeover. To cleared, decluttered and stocked the trolley with the correct items, in line with the policy	General Manager Head of Nursing Senior Sister, Ward 11	Complete 16 March 2020 Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
A review of the daily checklist on ward 7 identified controlled drugs had not been evidenced as checked on 24th December 2019 and the 1st and 2nd January 2020. The key to the controlled drugs cabinet on ward 7 was kept in a separate cabinet and not on the person in charge of the ward or designated deputy as required in the Health Board Medicines policy. At the time of the inspection the lock on this cabinet had not been activated and could be accessed by all staff with access to the room. We identified that Ward 11 did not have documented checks on fridge temperatures for 6 days during the course of January 2020.		To implement a programme of daily spot checks, to be carried out by Sister and present findings to monthly scrutiny meetings. To remove the key and remind all staff that it is now to be kept on the Nurse in Charge, as per the Medicines Policy. To remove the separate cabinet. To reallocate the responsibility for checks to the staff on the night shift. This has previously demonstrated full compliance but a move to day staff was made for workforce reasons. The number of distractions to staff during the day have adversely affected compliance so responsibility has reverted to the night shift.	Senior Nurse Manager, Medicine Senior Sister, Ward 7 Site Operations Manager Senior Sister, Ward 11	Complete Complete 28/02/2020 Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board has a system in place to ensure all patients have a patient identification band or risk assessed equivalent to ensure staff can correctly identify patients and provide the right care. We saw two patients on ward 7 and two patients on ward 11 that were not wearing patient identification wristbands. The absence of a patient identification wristband can result in misidentification and the compromise of patient care and safety	Standard 3.1	To implement a programme of weekly spot checks by the Ward Sister and to present findings to monthly scrutiny meetings To send a memo to all areas in WGH to reinforce the expected standard to nursing staff, copied to all other Heads of Nursing with inpatient areas of responsibility across the Health Board. To set up a Medicines Management Task & Finish Group across the Health Board to ensure safe Medicines Management processes are in place	Head of Nursing, WGH Assistant Director of Nursing and Operational Quality	Complete 14/02/2020

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
Fire doors are fitted to the entrance of ward 7 in line with the requirements of the Enforcement notice issued by the Mid and West Wales Fire and Rescue Service to ensure the Health Board adequately protects patients, staff and the general public in the event of fire. We were informed that the doors to the entrance of ward 7 were not fire doors. An Enforcement Notice was issued by the Mid and West Wales Fire and Rescue Service requiring action to fit fire doors by the 30th November 2019. We were informed the doors were due to be replaced in September 2020 at the earliest as part of phase 2 of improvement work.	Standard 3.1	The Health Board has a fully structured plan for fire safety at WGH developed in response to the Mid and West Wales Fire and Rescue Service Enforcement Notice (MWWFRS). The plan presented to MWWFRS is a staged approach allowing us to undertake advance works very promptly with the substantive element of work progressed via a Business Case process.	Director of Estates/Head of Fire Safety	31/08/2021

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Within this plan all fire requirements to escape routes identified within the above Enforcement Notice will be undertaken at WGH between May 2020 and August of 2021. This programme is currently being considered by the MWWFRS and we are awaiting further clarity from them on the agreed timelines on this work. The Welsh Government are also fully engaged in this process and are supportive of the approach being taken by the Health Board. This work will include doors at the entrance to Ward 7 and any other Fire Doors necessary within the escape routes in this Hospital. The MWWFRS have recommended that the remaining works within Wards and Departments will be undertaken as a second stage to the above.		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
An effective and traceable system is in place to ensure a servicing programme is followed and completed for patient beds on ward 11. **An effective and traceable system is in place to ensure a servicing programme is followed and completed for clinical equipment including mattress pumps and an ECG machine on ward 11.** A review of hi/low profile beds on ward 11 identified that some had no service records and others had not been serviced since 2017. A lack of, or infrequent servicing of beds may compromise the effective use the bed and in turn compromise patient safety. We saw examples of service records of mattress pumps on ward 11 that indicated the servicing period had expired and was overdue. We saw a service record for an Electrocardiogram machine on ward 11 that indicated the service was due 4/10/19. A lack of, or infrequent	Standard 2.9	Across Health Board inpatient bed contract has recently commenced (03/02/2020) with an external company. To develop a service plan which will be overseen by the Clinical Engineering Department. To replace mattress pumps with an up to date service history. To complete a service.	Head of Clinical Engineering Head of Clinical Engineering Head of Clinical Engineering	May 2020 Complete Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
servicing of clinical equipment may compromise the effective use of the equipment and in turn compromise patient safety.				

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): Janice Cole-Williams

Job role: General Manager, Withybush Hospital

Date: 13/02/2020

Appendix C – Improvement plan

Hospital: Withybush

Ward/department: Wards 7 and 11

Date of inspection: 4 and 5 February 2020

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				
Information relating to smoking cessation and sepsis are made available on both wards	1.1 Health promotion, protection and improvement	Smoking cessation information leaflets to be displayed and available in ward information area Sepsis posters to be displayed in each clinical area. Sepsis information leaflets to be displayed and available in ward information area	Carol Thomas, Head of Nursing, WGH Carol Thomas, Head of Nursing, WGH	Completed 30th September 2020
Bilingual Skills Strategy is reviewed and updated	4.1 Dignified Care	Workforce Strategy reviewed in Jan and Feb. Consultation in March delayed due	Annmarie Thomas	30th Sept 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Staff ensure conversations with patients are conducted in a quiet manner to protect their patient confidentiality single sex toilet and shower facilities are provided to ensure the dignity of patients is protected Efforts are made to ensure water is maintained at the correct temperature in the showers on ward 7 Staff on ward 7 are informed of their duty to keep patient information strictly private and confidential by closing the open section of the at a glance board when not in use and ward 11 is encouraged to use the board ensuring sections are complete and information is up to date.		to Covid. Consultation to be completed final version to be issued. Memo to be sent to staff and displayed to ensure staff Promote utilisation of day room facility and Multidisciplinary rooms to support conversations to maintain confidentiality, dignity and privacy- All toilets & shower facilities now have signage to highlight gender to support dignity Issue rectified by Estates, thermostat replaced. Memo to be sent to staff across all clinical areas reminding them of the need to	Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine Duncan Evans, Head of Site Operations	30th September 2020 Action Complete Action complete 31st July 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		maintain patient confidentiality in relation to displaying information Practice of need to close at a glance board re-enforced in Senior Sisters meeting. Ward 11 sister promoting utilising the board more effectively with information sections being completed. Observational weekly spot checks to be undertaken for 6 weeks to ensure compliance of closing and effective utilisation of the at a glance boards. Results to be discussed in monthly scrutiny meetings.	Carol Thomas, Head of Nursing, WGH Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine	31st July 2020 30th October 2020
Information relating to staff compliance with hand hygiene, patient pressure damage, patient falls and ward compliance with the cleaning schedule	4.2 Patient Information	Knowing How we are doing board updated monthly, results discussed at monthly scrutiny meeting. Improvement action plans completed for areas of	Gina Hughes, Senior Nurse Manager, Medicine	30th November 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
is presented clearly and on a timely basis on ward notice boards		concerns, good practice shared in scrutiny meetings. Spot checks to be carried out monthly for 3 months		
Regular management review to ensure all EWS scores over 3 prompt consideration for sepsis screening. Staff respond to call bells in a timely manner to ensure that patients' needs are fully met.	5.1 Timely access	Sepsis screening audit undertaken monthly by resuscitation team with findings fed back to each clinical area. Monitor through monthly directorate governance meeting. Observational Spot check audits to be completed over a 2 month period Continued Review and monitoring of patient feedback	Carol Thomas, Head of Nursing, WGH Gina Hughes, Senior Nurse Manager, Medicine	Complete 30th September 2020
Discharge planning and appropriate care packages are arranged for patients in advance of discharge and are subject to regular review	6.1 Planning Care to promote independence	Ward sister 'daily spot check tool' supports the monitoring of documentation compliance and actions required. Findings are discussed Monthly with Senior Nurse Manager in HCMS sign off. Senior Nurse Manager to undertake spot check on ward board rounds. Findings	Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse	Complete 31st August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		and learning to be discussed in monthly scrutiny meetings. Discharge to Recover & Assess pathways being piloted in Ward 7 in July 2020. Weekly review meeting to discuss all patient management plans with Senior Nurse Managers, Ward Sisters & MDT members.	Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine Carol Thomas, Head of Nursing, WGH	31st August 2020 Complete
Management review and update the "Management and Investigation of Incidents policy" Both wards provide patients and visitors with information relating to the CHC Patients on ward 11 have access to information relating to Patient Advice and Liaison Service	6.2 Peoples rights	'Putting Things Right' Management and Resolution of Concerns Policy (Incidents, Complaints and Claims) Policy became active 16.6.20 for review 9.6.23 Information leaflets to be obtained from the CHC & displayed within each clinical and communal area throughout the hospital	Nursing Directorate Carol Thomas, Head of Nursing, WGH	Completed – approved 9.6.20 31st August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Information relating to advocacy arrangements is made available on ward 11 The photocopier on ward 7 is relocated to a suitable area ensuring patient day room facilities are protected for improved patient experience		Patient Advice & Liaison Service now established within each area. Information leaflets displayed in each area. Information leaflets to be obtained from the advocacy service & displayed within each clinical and communal area throughout the hospital Photocopier has been relocated out of Ward 7. Day room facilities available.	Carol Thomas, Head of Nursing, WGH Carol Thomas, Head of Nursing, WGH Janice Cole-Williams, General Manager, WGH	Complete 30th September 2020 Complete
Delivery of safe and effective care				
All ward areas are cleaned to a high standard Consideration is given to providing appropriate storage facilities on both wards to ensure a trip free environment	2.1 Managing risk and promoting health and safety	Monthly cleaning audits undertaken to include nursing, cleaning & estates components. Results reviewed by Head of Nursing and Head of Facilities Compliance needed 95%+	Carol Thomas, Head of Nursing, WGH	30th November 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
All liquids and chemicals are stored in a closed cupboard fire extinguishers are correctly mounted and not obscured behind an open door		Environmental spot audit to be undertaken by Senior Nurse Manager. Findings are discussed in monthly sisters scrutiny meetings with Senior Nurse Managers and Head of Nursing	Gina Hughes, Senior Nurse Manager, Medicine	30th November 2020
The leak in the sister's office on ward 7 is addressed and the bucket removed		Review of storage in each area to ensure locked facility available.	Carol Thomas, Head of Nursing, WGH	30th November 2020
		Meeting with staff to advise and ensure awareness on correct storage of liquid and chemicals. Awareness of COSHH policy to be raised and signposted to staff. Signatory list to be completed to advice that they are aware of correct processes.	Gina Hughes, Senior Nurse Manager, Medicine	30th September 2020
		Reviewed by Fire Officer, unable to re-locate but signage applied to door to inform extinguishers are behind door when open	Janice Cole-Williams, General Manager, WGH	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Estates have replaced the ceiling tile	Duncan Evans, Head of Site operations, WGH	Complete
In line with the National Institute for Health and Care Excellence (NICE) guidelines, if a person is unable to reposition themselves, health and social care professionals should help them to change their position, to prevent the development of pressure ulcers. For safety reasons, repositioning is recommended at least every six hours for adults at risk, and every four hours for adults at high risk	2.2 Preventing pressure and tissue damage	Monthly pressure damage scrutiny reviews with Senior Nurse Managers and Head of Nursing. Documentation audit spot check to be undertaken by Senior Nurse Manager to ensure guidance is being adhered to. Signatory list to be completed to ensure all staff are aware of, and have read NICE guidelines.	Carol Thomas, Head of Nursing, WGH Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine	30th September 2020 30th September 2020 30th September 2020
All areas on the ward are cleaned to a high standard Patients in side rooms presenting with infection are risk assessed to confirm if it is appropriate to allow the doors to the rooms to remain open	2.4 Infection Prevention and Control (IPC) and Decontamination	As per 2.1 above Staff to re-familiarised with infection control policy. Memo and signatory list to ensure staff are aware of correct process.	Gina Hughes, Senior Nurse Manager, Medicine	30th September 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Weekly Spot check to be undertaken by Senior Nurse Managers for 6 weeks to ensure guidance is being adhered to.	Gina Hughes, Senior Nurse Manager, Medicine	30th September 2020
Meals are delivered to patients in a timely fashion to prevent the food from going cold and wet with condensation	2.5 Nutrition and Hydration	Weekly spot check to review timeliness of meal delivery. Continued Review and monitoring of patient feedback	Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine	31stth October2020 31st October2020
IV fluids are secured in a lockable cupboard or room.	2.6 Medicines Management	Keypad locks applied to door to achieve compliance	Duncan Evans, Head of Site operations, WGH	Complete
The Deprivation of Liberty Safeguards (DoLs) policy is updated to reflect the Liberty Protection Safeguards in line with the Mental Capacity (Amendment) Act 2019	2.7 Safeguarding children and adults at risk	Protocol drafted for managing the MHA/MCA interface. Currently out for consultation. Final version to be approved by the MCA and Consent Group	Protocol drafted for managing the MHA/MCA interface. Currently out for consultation. Final version to	31st August 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Training on mental capacity assessments and deprivation of liberty referrals is delivered to staff on ward 11 An assessment of a patients mental capacity is completed and documented in full and timely action taken to ensure the best interests of the patient are protected.		Training to be arranged and delivered to all staff on ward 11 signatory list to be compiled. Senior Nurse Managers spot checking and promoting appropriate referral evidence of spot checks over 2 months to be collated Findings to be discussed in monthly scrutiny meeting	be approved by the MCA and Consent Group Training to be arranged and delivered to all staff on ward 11 signatory list to be compiled. Senior Nurse Managers spot checking and promoting appropriate referral evidence of spot checks over 2 months to be collated Findings to be discussed in	30th November 2020 30th November 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
			monthly scrutiny meeting	
All computer screens are locked when left unattended to prevent a potential breach of confidentiality Patient case notes are adequately locked away when not in use to prevent unauthorised access	3.4 Information Governance and Communications Technology	To discuss with IT regarding screensavers Staff to be reminded of Information Governance standards. Ensure staff have undertaken Information Governance Training. Think Information Governance posters to be displayed Spot checks to be carried out weekly for 6 weeks to ensure compliance with patient case notes usage.	Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine	30th September 2020 30th September 2020 30th September 2020 30th September 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Gina Hughes, Senior Nurse Manager, Medicine	30th October2020
Hand written nursing notes should be signed, dated and timed to provide evidence of timely care Patient discharge plans and care requirements are considered and documented in full to enable efficient and effective discharge planning.	3.5 Record keeping	Documentation audit completed twice yearly Memo to be sent staff to remind of documentation standards expected Bi- Weekly Spot checks in place to promote compliance. Discharge training sessions arranged to promote effective discharge planning	Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine	30th November 2020 30th November 2020 30th November 2020 30th November 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
Efforts are made to recruit registered nurses on both wards and a deputy ward manager on ward 11 Regular meetings are scheduled and documented for staff on ward 11 with minutes circulated to all staff for information and review Staff to be made aware of the content of the revised Health and Care Standards that were introduced in April 2015 Reports from staff who indicate they have been subject to discrimination by management are investigated and addressed	Governance, Leadership and Accountability	All efforts maintained to support recruitment of registered nurses via TRAC , Band 6 recruitment into fixed term contract appointed. Regular ward meetings minutes and shared with team Document to be made available to all staff in ward 7 & 11. Signatory list to be completed. Promote Heath board values. Ensure staff are encouraged to be open and	Carol Thomas, Head of Nursing, WGH Gina Hughes, Senior Nurse Manager, Medicine Gina Hughes, Senior Nurse Manager, Medicine	Completed 31st October 2020 31st October 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
		honest and aware of the Heath Board policies to support any concerns		
		To work with Quality Assurance and Safety Team to promote the Speaking Up Safely Model and approach in Withybush General Hospital	Carol Thomas, Head of Nursing, WGH	30th November 2020
		To nominate representative from Withybush General Hospital to be a member of the Health Board Speaking Up Safely Working Group	Carol Thomas, Head of Nursing, WGH	31st July 2020
		To receive a presentation on Speaking Up Safely at the August Withybush General Hospital Quality and Governance Meeting	Carol Thomas, Head of Nursing, WGH	31st August 2020
The health and wellbeing of staff working regular night shifts is reviewed regularly and also their ability to attend meetings and training during the day	7.1 Workforce	Staff encouraged to attend meetings and rotate regularly on to day shifts to support training and meetings. Senior Nurse Manager to review training/ meeting	Gina Hughes, Senior Nurse Manager, Medicine	30th November 2020

Improvement needed	Standard	Service action	Responsible officer	Timescale
Overall mandatory training compliance is improved on both wards Staff attendance at Immediate Life Support (ILS) training is documented		attendees to ensure this is being facilitated. Continued support of staff for Mandatory training. Monthly review of compliance in scrutiny and monthly governance meetings. WGHPUSC Mandatory training Attendance ILS currently recorded on attendance sheet and uploaded onto ESR.	Carol Thomas, Head of Nursing, WGH Carol Thomas, Head of Nursing, WGH	Completed Completed

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): Carol Thomas

Job role: Head of Nursing

Date: 9th July 2020