

# Hospital Inspection (Unannounced)

Prince Philip Hospital

Ward 7

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2021

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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 inspection of Ward 7, Prince Philip Hospital within Hywel Dda University Health Board on the 2 and 3 November 2021. The inspection was announced on the afternoon prior to the morning of our arrival due to the current configuration of the ward as a green<sup>1</sup> elective pathway.

Our team for the inspection comprised of two Senior Healthcare Inspectors and one Clinical Peer Reviewer. The inspection was led by a Senior Healthcare Inspector.

HIW explored how the service met the Health and Care Standards (2015) and other relevant guidelines.

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

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<sup>1</sup> Term given to an area of a hospital where additional controls have been put into place to minimise the risk of COVID-19 transmission.

## 2. Summary of our inspection

Overall we found evidence that the service provided a positive patient experience, with safe and effective care delivered to its patients.

We have recommended several areas of improvements which will strengthen existing practice on the ward in line with the Health and Care Standards.

We found evidence of a well-established management team, which was supported by a committed workforce.

This is what we found the service did well:

- Patients provided overwhelmingly positive feedback
- There was emphasis on providing a safe surgical pathway and environment for patients
- Multi-disciplinary staff training and upskilling to meet patient needs.

This is what we recommend the service could improve:

- Documenting procedures for the movement of staff between wards
- Some aspects of medication management
- Re-implementation of senior nurse audits.

Refer to appendix C for the full improvement plan

### 3. What we found

#### **Background of the service**

Hywel Dda University Health Board is responsible for planning and providing NHS services across Carmarthenshire, Ceredigion and Pembrokeshire counties. Prince Philip Hospital is one of four district general hospitals within the Health Board and is based in Llanelli.

Prior to the pandemic, Ward 7 provided medical and surgical care and treatment for patients requiring breast, gastroenterology and urology procedures. Since the pandemic, Ward 7 has been designed as the Health Board's green pathway for elective surgery. This includes the addition of colorectal surgery.

The ward previously provided 28 beds, but now has capacity for 24 beds due to social distancing measures. There are 12 private en-suite rooms available on the ward.

## Quality of patient experience

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

Overall we found that Ward 7 was providing patients with a positive experience.

Patients provided overwhelmingly positive feedback and were notably complimentary of the care provided by staff. Staff we spoke with were enthusiastic and patient centred in their responses.

During the inspection we distributed HIW questionnaires to patients to obtain their views on the services provided. A total of nine were completed. Patients were asked in the questionnaire to rate their overall experience of the service. All nine rated the service as 'very good'. Patients told us:

*"It is wonderful. Facilities and standards are great. Staff are brilliant."*

*"Exceptional in every way. The staff, the food, the care, cleanliness was all the best I've experienced."*

*"I felt comfortable when I arrived. My anxiety stopped immediately and the staff have been very caring."*

## Staying healthy

Patients are provided with COVID-19 guidance prior to their planned surgery. This includes information on social distancing, self-isolation, screening and the suitability of transport to the hospital. The information was clear, comprehensive and provided patients with points of contact in the event of any concerns or queries.

## Dignified care

All nine patients who completed a HIW questionnaire told us that they had been treated with dignity and respect by the staff at the hospital, with all agreeing that staff were always kind and polite.



The ward environment was modern and provided patients with a dignified experience. The ward had twelve private rooms, ten of which had en-suite facilities.

The shared bays were spacious and had curtains, which provided privacy when direct care was being given. All nine patients said they were able to speak to staff about their procedure or treatment without being overheard by other people.

All but one patient told us that when they used the patient call bell, staff came to them promptly. All patients who answered the question agreed that assistance was provided at meal times or when needing to access the toilet, where required.

All staff who completed a questionnaire told us that they felt patients' privacy and dignity is maintained during their stay on the ward.

### **Patient information**

All nine patients told us that staff had talked to them about their medical conditions and helped them to understand about their care and treatment. All confirmed that they felt involved as much as they wanted to be in any decisions made about their treatment.

There were arrangements in place to provide patients with information on how to minimise the risks associated with COVID-19 prior to their planned procedure. This included information on how to effectively isolate and how to obtain a COVID-19 test.

Patients were provided with information on what to do when they arrived at the hospital for their procedure. This included a map advising patients to arrive at a separate entrance to the main hospital building. Signage to the ward was clear to follow.

We saw that there was a staff 'who's who' board on the ward. This was up-to-date with staff on that shift. This helps to familiarise patients with the staff providing their care.

Safety information on the ward, such as infection control data, was also up-to-date. This provides patients with additional re-assurance of the steps taken by the ward to promote a safe environment.

Other hard copy patient information material on the ward was limited due to the pandemic and the need to remove items which could increase the risk of COVID-19 transmission.

### **Communicating effectively**

All patients agreed that staff listened to them and to their relatives where appropriate. All but one patient told us that they were able to communicate with staff in their preferred language.

We found evidence that patient records had been completed immediately after each procedure and prior to shift handover. This helps to ensure that there is an appropriate flow of communication between staff. Staff told us that there were good team dynamics on ward, including between medical, theatre and nursing teams.

## **Timely care**

The new designation and pathway for Ward 7 has enabled it to expand upon and proceed with a range of elective surgical procedures, including the addition of colorectal surgery. Senior staff told us that this is helping to tackle the backlog of procedures caused by the pandemic, as well as ensuring that more urgent procedures can be treated in a timely manner.

We found that the health board had swiftly implemented arrangements in planning and establishing the new pathway. This included creation of tailored COVID-19 secure pathways, upskilling of clinical teams and physical alterations to the hospital environment. Evidence of a good multidisciplinary approach towards this was noted.

We found that the average length of stay for patients following their surgery to be low. We noted that there were clear discharge planning arrangements discussed on admission to the ward and that these were well documented, including follow-up care plans.

## **Individual care**

### **People's rights**

There were no patients with dementia or under Deprivation of Liberty Safeguards (DoLS) at the time of the inspection. However, the ward manager was aware of the procedure and was able to describe the process using a past example. We confirmed that there was high compliance with mandatory training in this area.

Visiting was restricted on the ward to help protect patients from the risk of COVID-19. However, we found that there were posters on display on the ward advising patients of how they can contact relatives whilst visiting is not allowed. We were told that there are plans in place to appoint a family liaison officer.

We noted that there was Wi-Fi accessible on the ward and we observed patients using their own devices. Staff told us that a tablet was available for patients to use if required and that they would be supported to use this if required.

### **Listening and learning from feedback**

Patients who completed a HIW questionnaire providing overwhelmingly positive feedback on their stay on the ward. We also noted compliments received from patients that had been posted directly to the hospital.

We found a low number of complaints on the ward. We reviewed a recent complaint outcome and found that the complaint had followed an appropriate review and follow-up process. Identified actions and had been implemented by the ward manager in a timely manner, which included communication to the wider ward team.

## Delivery of safe and effective care

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

Overall we found that Ward 7 provided patients with safe and effective care. There was notable evidence of multi-disciplinary team working in the physical set-up of Ward 7 and staff demonstrated a commitment towards maintaining stringent infection prevention and control (IPC) measures.

We identified a small number of improvements to further promote the delivery of safe and effective care.

### Safe care

#### Managing risk and promoting health and safety

The ward was accessible for those with a disability or mobility difficulties. We were told that new admissions are given a time to arrive to the ward and that patients are met by ward staff to minimise the risk of contact with other areas of the hospital.

The internal environment of the hospital was visibly clean and well-organised. We reviewed recent ward cleaning schedules and found that cleaning was completed on a consistent basis. However, we noted that there were occasional gaps in the schedules. We were told that this may have been because that area of the ward was unoccupied at that time. The health board must ensure that cleaning schedules include a brief comment to reflect any exceptions.

We spoke to housekeeping staff who displayed pride in the work they complete. However, we were told that there are sometimes staffing difficulties felt within the team, which can place additional pressure on the team to fully deliver the standards that they wish to achieve. The health board is advised to monitor staffing levels within the housekeeping team.

We observed staff maintaining good hand hygiene practices when entering and leaving patient bay areas. All staff were bare below the elbow. We noted that there were posters reminding staff, patients and visitors of the importance of facial coverings and hand washing.

We reviewed the emergency trolley and found that staff checks had been completed on a consistent basis. All items observed were complete and in-date. We noted that fridge temperature controls checks had also been completed as required.

#### Improvement needed

The Health Board must ensure that cleaning schedules include a brief comment to explain any exceptions or omissions.

### Preventing pressure and tissue damage

We found that patients were risk assessed for pressure damage at the point of admission. This included use of skeletal charts and a SKIN bundle<sup>2</sup> which had been appropriately completed in the sample of three patient records that we reviewed. We noted that pressure damage audit information was displayed on the ward and that this was highly scored.

### Falls risks

We found that falls risk assessments had been appropriately documented in the sample of patient records that we reviewed. We noted that falls audit information was displayed on the ward and that this was highly scored.

### Infection prevention and control

Patients are admitted onto Ward 7 through a green pathway, which aims to minimise the transmission risk of COVID-19 or other infections as far as possible. The health board had implemented a number of controls in line with public health guidance and additional cautious measures based on local risk assessments and procedures:

Pre-admission:

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<sup>2</sup> SKIN bundle is an evidence based checklist to assist staff in preventing tissue / pressure damage

- Patients undergo a remote pre-admission screening assessment, including a COVID-19 symptom check, to ensure that patients are suitable for admission
- Patients are expected to self-isolate for a ten day period
- Patients undergo a COVID-19 swab at a local testing centre within 72 hours of their admission. Staff confirm that a negative result is received 24 hours before admission
- Patients are provided with a range of information to inform them about their stay on the ward, including on how to minimise the risk of coming into contact with COVID-19 prior to admission
- A consultant led risk assessment is completed for any patients who may have inadvertently breached the fourteen day period.

#### Point of admission:

- Multi-disciplinary ward meetings take place to plan for all new admissions
- Patients are provided with a specific time to arrive, are guided to a separate entrance away from the main hospital and are provided with PPE and hand gel
- Additional COVID-19 symptom screening takes place

#### Additional controls:

- Visiting to the ward and wider hospital site is not permitted
- The ward has its own food pathway and no staff are allowed to use the hospital canteen to avoid mixing
- Staff attending the ward, such as pharmacists, attend at the start of the day before they attend to other areas of the hospital
- A theatre pathway had been created to ensure that patients can be moved between the ward and theatre whilst minimising contacting with other people.

We found that staff are often asked to work in other areas of the hospital when demand on those wards increase. We were told that there were a number of controls in place to minimise the risk of COVID-19, such as not returning to the ward mid-shift, increasing lateral flow testing and ensuring uniforms are

appropriately cleaned. We also spoke to the IPC nurse who assured us that consideration was given to the careful placement of staff across the site, for example limiting movement to areas with walk-in patients.

However, we did not see a documented, standardised process or risk assessment for this. Some staff also told us they felt that their personal circumstances were sometimes overridden when being asked to work in other areas of the hospital.

We found that patients were provided with clear information prior to their arrival at the hospital and were appropriately screened for symptoms. However, we found that signage reminding people not to enter the side entrance and thoroughfare to Ward 7 if they were displaying certain COVID-19 symptoms could be improved.

It was positive to note that there had been no cases of COVID-19 recorded on the ward throughout the pandemic.

#### Improvement needed

The Health Board must:

- Update their standard operating procedure to formalise and standardise the process for the movement of staff from ward to other areas of the hospital site. This should include a risk assessed approach towards staff's personal circumstances
- Update the COVID-19 symptom reminder signage to better reflect the breadth of COVID-19 symptoms.

#### Nutrition and hydration

We found that nutrition and hydration needs were being assessed and individual needs met on the ward. Patients were provided with hot meal options and dietary needs recorded. Sandwiches and other snacks were available in a kitchen on the ward to cater for patients returning from having their surgical procedure.

Use of the adult nutritional risk screening tool was in use and staff were aware of how to follow the nutritional pathway if required. We confirmed that staff had

access to red trays<sup>3</sup> on the ward when required. However, staff confirmed that assistance would always be provided wherever it is required.

We observed patients on the ward having access to snacks and jugs of water, which were within arms reach. All patients who answered the question told us that staff help them with eating and drinking if required, and that they had access to water.

### Medicines management

We reviewed five medication charts and found that these were generally completed appropriately. All patient identifiers were recorded correctly and medications were signed for as prescribed. However, we found:

- In one chart, we noted the reason why medication had not been administered was not recorded
- In three out of the five charts, we found that oxygen was administered but had not been documented prescribed.

We found that there was dedicated pharmacy provision on the ward. We were told that they attend the ward before attending other wards in an effort to minimum the COVID-19 transmission risk.

As part of discharge planning arrangements, we found that take home medications are arranged in good time. We confirmed that the ward has access for any other medication that may be required on an emergency basis.

We noted that medications were kept in bedside lockers. Patients are able to self-medicate, but we were told that this rarely happened. We confirmed that a risk assessment is required before this is allowed.

We confirmed that medication trolleys and fridges were securely locked. Temperature checks were completed and up-to-date. However, we found that on some occasions, controlled drugs checks had not been countersigned. It was positive to note that this had been identified at a recent hospital wide governance meeting and remedial plans were in place.

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### Improvement needed

The Health Board must ensure:

- The reason why medication is not administered is recorded appropriately
- That oxygen is prescribed and recorded
- That controlled drugs are countersigned at all times.

### Safeguarding children and adults at risk

There were clear health board policies and procedures in place for staff to follow in the event of a safeguarding concern. All staff that we spoke to were aware the process for reporting any concerns and would feel comfortable to do so. All but one staff member told us that they had received safeguarding training.

We reviewed a recent safeguarding referral and the ward manager clearly articulated the procedure that was followed and the reasons for doing so. No further investigation was required for this particular incident.

We confirmed that there were no open safeguarding cases on the ward at the time of the inspection.

## Effective care

### Safe and clinically effective care

We found a breadth of evidence of sound, multi-disciplinary planning in the physical set-up of Ward 7 during the pandemic. This focused on ensuring the safety of the pathway to minimise the COVID-19 transmission risk to staff and patients. There was evidence of effective professional relationships between a range of clinical teams and specialities across the health board in supporting this pathway.

It was positive to note that there had been an emphasis on clinical training and upskilling staff competencies in readiness for providing additional and enhanced surgical care. Bespoke training days had also been delivered with the support of clinical teams from across the health board to help ensure staff felt confident to deliver new aspects of patient care. Almost all staff who completed a HIW questionnaire told us that they felt training helped them to do their job more effectively.

Staff told us that they were aware of how to access the sepsis policy and pathway. Staff were able to describe the actions they would take and all appeared confident in knowing how to respond appropriately.

We saw that patients looked well cared for and appeared comfortable on the ward. We noted that pain levels had been frequently recorded and were up-to-date. All staff who completed a questionnaire told us that they are satisfied with the quality of care they give to patients. Whereas just over two thirds of staff told us they feel that care of patients is the health board's top priority.

### Record keeping

We found that patient files were well structured and easy to navigate. There were clear plans in place for the patient journey from admission through to treatment and discharge. All assessments and charts, such as nutrition, hydration and falls risk, were comprehensive and up-to-date.

## 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.*

Overall we found a committed staff team, many of whom were long-standing members on the ward. The team was supported by dedicated ward management. Staff told us they were supportive and visible on the unit.

We identified a small number of areas for improvement regarding governance and the workforce.

## Governance, leadership and accountability

The health board had in place a number of meetings which considered the quality and governance of wards within the hospital. This included a monthly nurse manager meeting and a scrutiny and assurance meeting. These meetings included oversight of medicines management, IPC, incidents and training.

We noted that the senior nurse manager audit programme had been paused during the pandemic and due to staffing gaps in the senior nursing team. However, we were told that the senior nurse completes spot checks of the ward and that there are plans to restart the audit programme in the near future. We recommend that these recommence at the earliest opportunity.

The majority of staff told us that they knew who senior managers<sup>4</sup> were. However, the same number of staff told us that senior managers only sometimes try to involve them in important decisions and sometimes act on staff feedback.

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<sup>4</sup> Managers outside of the immediate ward management

The ward is managed on a day-to-day basis by a Band 7 ward manager and supported by a deputy ward manager. It was positive to note that all staff we spoke with told us that they felt supported by ward management. Almost all thirty questionnaire respondents told us that they felt supported by their immediate manager. Comments included:

“Cannot fault my manger ... goes above and beyond if I have any concerns”

“As a newly qualified nurse myself, my manager has been very supportive and approachable”

However, some staff told us that they felt less supported when they were being asked to work on other wards throughout the hospital.

We found that there was a robust health board incident reporting process. We found that incidents received an appropriate level of oversight from senior nurse managers at the monthly scrutiny meeting. The ward manager was knowledgeable of the process for reviewing, investigating and managing incidents at a ward level. We saw evidence that learning was shared with staff through team meetings. All staff who completed this question as part of the questionnaire told us that their organisation encourages them to report incidents and all agreed that their organisation takes action to ensure that they do not happen again.

We asked whether staff had faced discrimination at work within the last 12 months. Five staff told us that they they had experienced discrimination on grounds of a protected characteristic<sup>5</sup>. However, the majority of staff who responded said that they have fair and equal access to workplace opportunities. The majority also agreed that their workplace was supportive of equality and diversity.

#### Improvement needed

The Health Board must recommence senior nurse manager (matron) audits at the earliest opportunity.

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<sup>5</sup> Under the Equality Act, there are nine protected characteristics, e.g. age, disability, sex

The Health Board must ensure that there are processes in place to ensure that staff are treated fairly and equally and that any instances of discrimination will not be tolerated.

## **Staff and resources**

### **Workforce**

We found an enthusiastic staff team, with a number of longstanding staff. Staff overall described a good team relationship and ward management noted the adaptability and commitment shown by staff throughout the pandemic.

The ward manager told us that they are happy with the current ward staffing levels and that they are able to adjust staffing needs accordingly. Staff generally told us that they felt staffing was good on the ward, but some staff told us that there are times when they feel under pressure.

We found that staff are frequently asked to work on other wards in the hospital, providing that patient acuity is low on the ward and staffing needs elsewhere exist. The majority of staff told us that they understood the need for this. However, we found, on a small number of occasions, the number of registered nurses on a night shift to be notably low. We acknowledge the staffing complexities and challenges faced at the current time. However, additional assurance is required on the local process for risk assessing and redeployment decisions regarding registered nurses to other wards.

There were a small number of nursing vacancies on the ward. It was positive to note that this was mainly due to a number of staff being successful in gaining a promotion to other areas of the Health Board. We noted there were active plans were in place to appoint into the remaining vacancies.

We noted that there were a number of opportunities on the unit for the training and development of new and existing staff and the unit manager expressed an enthusiasm for this. It was positive to see that a number of existing staff were undertaking further education and training to support their career development.

We found that the ward management had been successful in developing an assistant nursing practitioner role. This demonstrated good innovation regarding workforce challenges and provided existing health care staff with development opportunities.

There was a good level of compliance with mandatory training, which was at 97%. Additional clinical upskilling and training was also provided and we saw records to show that there was good uptake by staff. The majority of staff who completed a questionnaire told us that training helped them do their job more effectively. Some staff told us that they would like additional or refresher training in stoma care and pump management, amongst other topics, to maintain their current knowledge.

We found that compliance with annual staff appraisals to be at 68%, which is below the health board target of 85%. However, we acknowledge the difficulties caused by the pandemic in ensuring the timely completion of appraisals. Despite this, staff told us that they felt the appraisal process was worthwhile and the majority of staff said that their manager had supported them to receive identified training and development.

#### Improvement needed

The Health Board must provide a written narrative or policy for the risk assessment and / or redeployment decisions regarding registered nurses across the site.

The Health Board must capture any additional or refresher training needs.

## 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			

## Appendix B – Immediate improvement plan

**Hospital:**

**Ward/department:**

**Date of inspection:**

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Hospital:** Prince Philip Hospital

**Ward/department:** Ward 7

**Date of inspection:** 2-3 November 2021

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
<b>Delivery of safe and effective care</b>				
The Health Board must ensure that cleaning schedules include a brief comment to explain any exceptions or omissions.	2.1 Managing risk and promoting health and safety	- Ward cleaning schedules have been amended to include comments and will be operationalised from January 2022.	Deputy Head of Nursing	January 2022
		- Implementation of Senior Nurse Managers, and Estates to accompany the monthly credits for cleaning audit undertaken by Hotel services supervisors.  -Monthly care metrics completed which includes ward cleaning schedule	Senior Nurse Manager  Senior Sister Ward 7	Completed



Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> <li>Update the COVID-19 symptom reminder signage to better reflect the breadth of COVID-19 symptoms.</li> </ul>		<p>where patients are not Covid-19 positive).</p> <p>Ward sister and Senior nurse will place staff movement as an item on the next ward team meeting.</p> <p>Extra signage displayed in areas</p>	<p>Ward sister and Senior nurse</p>	<p>Feb 2022</p>
<p>The Health Board must ensure:</p> <ul style="list-style-type: none"> <li>The reason why medication is not administered is recorded appropriately</li> </ul>	<p>2.6 Medicines Management</p>	<p>Staff to be reminded of the requirement to document medication omission via the scrutiny meeting. Six monthly senior Nurse medication audit being completed.</p> <p>Staff reminded of the Health board Medication Management Policy via the scrutiny meeting and ward meetings</p>	<p>Deputy Head of Nursing</p> <p>Senior Nurse Manager</p> <p>Senior Sister Ward 7</p>	<p>Completed</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"><li>That oxygen is prescribed and recorded</li><li>That controlled drugs are countersigned at all times.</li></ul>		Oxygen prescription to be addressed in the next scrutiny assurance meeting 21 <sup>st</sup> December 2021 and Hospital Governance meeting 8 <sup>th</sup> February 2022.  Recorded on the monthly care metrics	Deputy Head of Nursing	February 2022
			Deputy Head of Nursing	Completed
Quality of management and leadership				
<p>The Health Board must recommence senior nurse manager (matron) audits at the earliest opportunity.</p> <p>The Health Board must ensure that there are processes in place to ensure that staff are treated</p>	Governance, Leadership and Accountability	<p>Compliance and findings are discussed at the monthly scrutiny assurance meetings where the Senior Nurse Manager Audit programme is a standard agenda item.</p> <p>The Deputy Head of Nursing for PPH and the Hospital Clinical Director will remind staff of the support services</p>	Deputy Head of Nursing  Senior Nurse Manager  Senior Sister Ward 7	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
fairly and equally and that any instances of discrimination will not be tolerated.		available to them at the next (Feb 2022) Professional Nurse Forum meeting and the via Medical Staffing.	Deputy Head of Nursing PPH & Hospital Clinical Director	February 2022
		The Deputy Head of Nursing for PPH and the Hospital Clinical Director to bring to the attention of staff the availability of Equality training, BAME network meetings, and Speak up Safely as a mechanism for raising concerns at the next (Feb 2022) Hospital Governance meeting, the next (Feb 2022) Professional Nurse Forum meeting and via Medical Staffing.	Deputy Head of Nursing PPH & Hospital Clinical Director	February 2022
The Health Board must provide a written narrative or policy for the risk assessment and / or redeployment decisions regarding registered nurses across the site.	7.1 Workforce	Staff movement in compliance with Hywel Dda UHB escalation policy – further detailed explanation provided 20/01/22 attached.	Deputy Head of Nursing Senior Nurse Manager	Completed – updated 20/01/22
		Ward sister and Senior nurse will place staff movement as an item on the next ward team meeting.	Ward sister and Senior nurse	Feb 2022

Improvement needed	Standard	Service action	Responsible officer	Timescale
The Health Board must capture any additional or refresher training needs.		<p>Covid risk assessment forms completed on Staff Mandatory training compliance: 83.49%</p> <p>Patient flow meetings – three times a day – staffing and ward acuity discussed</p> <p>Clear plans identified in 24 hour site report</p> <p>Head of Education &amp; Training to review the TNA process with the aim of capturing refresher training needs. This will be done as part of the review of the Clinical Education Framework currently underway and the implementation of the wider review of TNA processes.</p>	Head of Education & Training / Head of Nursing	Update to be provided March 2022

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):** Meinir Williams

**Job role:** Deputy Head of Nursing

**Date:** 17<sup>th</sup> December 2021 Updated 20 January 2022