

# Hospital Inspection Report (Unannounced)

Angharad Ward, Bronglais Hospital,  
Hywel Dda University Health Board

Inspection date: 4 and 5 October 2022

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

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Bronglais Hospital, Hywel Dda University Health Board on 4 and 5 October 2022. The following hospital wards were reviewed during this inspection:

- Angharad Ward - paediatric (children's) ward with 11 beds, which include 4 assessment beds and 1 high dependency bed for patients who require more intensive observation, treatment and care.

We also viewed the paediatric outpatients area and the paediatric space in the Emergency Department to understand the patient journey and interaction between these clinical areas, but these did not form part of the inspection.

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

Note the inspection findings relate to the point in time that the inspection was undertaken. Where present, quotes in this publication may have been translated from their original language.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that patients and their relatives/carers were provided with a positive experience.

Patients and their relatives told us that they were happy with the level of care and treatment they received and were complementary of the way staff had interacted with them.

We observed kind, compassionate, and meaningful engagement with patients and their relatives/carers at all times during the course of the inspection and this was reflected in patient feedback.

This is what we recommend the service can improve:

- Timely access to children's mental health services (CAMHS).

This is what the service did well:

- Effective communication and engagement with patients and relatives/carers
- Positive feedback from patients and relatives/carers.

### Safe and Effective Care

Overall summary:

We found that patients were provided with care and treatment according to their needs. This was delivered in a child friendly manner, with individual needs at the forefront to ensure that care and treatment is delivered effectively.

A small number of recommendations were made in order to fully promote the delivery of safe and effective care.

This is what we recommend the service can improve:

- Aspects of medicines management
- Child friendly nutrition.

This is what the service did well:

- Child centred approach to care and treatment
- Positive engagement with patients to deliver care and treatment in an individualised and non traumatic manner
- Visibly clean and well organised ward environment.

## Quality of Management and Leadership

Overall summary:

We found effective ward management and leadership and all staff engaged positively with the inspection process. It was evident that staff are patient focused and are motivated in their roles to provide patients and their relatives/carers with a good standard of care and a positive experience.

The health board may wish to reflect upon the staff comments provided in response to the HIW questionnaire to identify areas of good practice, as well as any potential areas to strengthen.

This is what we recommend the service can improve:

- Reflecting on aspects of staff feedback.

This is what the service did well:

- Passionate ward management and leadership
- Motivated and patient focused staff team
- Positive audits and implementation of learning.

No immediate improvements or concerns for patient safety were identified during this inspection.

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of seven were completed. Patient comments included the following:

*“Breakfast is nice but I'm not keen on lunch or dinner”*

*“I like the playroom because it is really nice. It was fun sleeping in the bed last night”*

*“The staff have been very nice and always there for me if I need anything”*

Comments from relatives/carers included:

*“[Play therapist] is an asset to the hospital and to Angharad ward. We felt very well looked after and my daughters additional needs were taken into account and provided for...”*

*“[Nurse] took the time to make sure not only my daughter was okay but also made sure I was okay during an overwhelming time with my daughters health needs”*

*“The ward is a calming space (for parents especially). We felt welcomed and I feel that my concerns are listened to and valued...”*

### Staying Healthy

#### Health Protection and Improvement

There was a range of health promotion material available on the ward, which included posters and leaflets. However, most of the information was aimed at parents and carers. The health board is advised to ensure that there is sufficient material available for older children and young people.

It was positive to note that the ward was supportive of breastfeeding mothers. We were told by a parent that staff provided proactive advice and support in relation to feeding frequencies, recording and provided a suitable parent's space on the ward if required.



## **Dignified care**

### **Dignified care**

All patients who completed a HIW questionnaire told us that they or their child had received dignified care from staff. All staff who responded agreed that they feel able to maintain privacy and dignity at all times.

We observed staff engaging in a kind and compassionate manner with patients and their parents/carers. Parents told us that they appreciated the reassurance provided by staff on the ward.

We found that the ward environment overall promoted dignified care due to its child friendly décor and provision of suitable spaces for patients and their relatives. Whilst there was no adolescent ward space, we confirmed that patients are placed carefully on the ward and there were some suitable materials available on the ward to keep older children occupied.

Whilst the environment was not overly modern, staff had ensured that it was maintained to a good standard for this patient group and was visibly clean and well organised in all areas.

### **Communicating effectively**

All relatives and carers that we spoke with provided a range of positive comments in relation to communication from all teams on the ward.

We saw many examples of staff engaging with patients in a manner which was appropriate to their age and individual needs. This included during meal times, when medicines were administered or when investigations were required.

Staff were observed engaging well with relatives to find out information about their patient before proceeding with investigations. Staff were observed listening directly to the patient and provided reassurance, encouragement, and praise where appropriate.

We noted that there was a helpful communications board on the ward regarding communication for children and young people with additional needs. Communication passports and widgit communication aids were available and in use on the ward to support effective interactions between staff and patients.

We spoke with one family who told us they were able to identify Welsh speaking staff, felt able to communicate in Welsh and that they were given the opportunity to have an assessment of their child through the medium of Welsh. When responding

to the HIW questionnaire, nine staff told us that they use Welsh within the workplace.

### **Patient information**

We found that patients and their relatives were provided with verbal information about the ward upon their admission. All patients and relatives that we spoke with were aware of the facilities available on the ward.

There was a leaflet rack located in the parents room which was well stocked and contained a range of information, including how to submit comments, domestic abuse awareness, and family and parenting advice services.

## **Timely care**

### **Timely Access**

Patients are admitted to the ward from either the Emergency Department, following a GP referral or as a direct admission if previously advised by the ward.

We spoke with ward and Emergency Department staff to understand the links between the two departments. Both groups of staff described positive working relationships in supporting each other to provide timely and effective paediatric care. Examples included arranging a timely admission to the ward to provide patients with a more appropriate environment or ward staff attending ED on occasions when required.

In relation to access to children's mental health services, it was positive to note that access to the CAMHS service provision had increased to a 24/7 a basis and that ward staff were able to contact the service for support in a crisis situation. However, some staff told us that on occasions timely access to the service is not available. **The health board must ensure that access to CAMHS services is consistently available as far as possible.**

We confirmed that recently discharged patients are asked to phone the ward with any concerns and that a direct admission to the ward could be arranged should the patient need to be re-admitted.

## **Individual care**

### **Planning care to promote independence and People's Rights**

We found that ward staff communicated effectively with patients and their relatives which helps to promote personal independence and placed emphasis on protecting children's rights.

The ward multidisciplinary team helps to provide patients with care and treatment according to their needs, including their age and development stage. This included access to paediatric trained specialist nursing and medical staff, play specialists, nursery staff and appropriate professional links with safeguarding teams.

The ward cared for a high number of short stay patients. However, for patients who stayed for extended periods, parents were encouraged to contact their child's school to provide work which can be completed remotely.

Feedback mechanisms on the ward gave young patients a voice to further promote children's rights, and we saw examples of how this feedback had been taken on board to help improve the service offered to young people.

There were posters on the ward which further displayed information on children's rights, including the health board's Children's Charter.

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

There were a range of methods for patients and their relatives to provide feedback. We saw examples of age appropriate feedback forms for patients, which were available in English and Welsh. Relatives were able to provide feedback electronically using a QR code survey and information on the Putting Things Right scheme was available.

The internal feedback that we reviewed was largely positive and staff told us what actions they had taken in response to suggestions from patients and relatives. We noted that feedback and any formal complaints were reviewed by senior managers through an appropriate governance process.

## Delivery of Safe and Effective Care

### Safe Care

#### Managing risk and promoting health and safety

We found that access to the ward was controlled through a buzzer system which helps to prevent unauthorised access.

All areas of the ward were free from obvious hazards and appeared to be well maintained. Staff described how estates issues were reported and commented positively on the assistance provided by the site estates team when required.

Overall, we found a generally low number of incidents reported on the ward. We saw evidence that where incidents had taken place, the ward manager had ensured that an effective investigation was undertaken and any learning was shared with the team in an effort to prevent reoccurrence.

#### Infection prevention and control

We found the ward to be visibly clean and well organised in all areas. We observed staff washing their hands at appropriate times and adhering to bare below the elbow guidelines. This was supported by hand hygiene and bare below the elbow audits, which were completed consistently and positively scored.

We spoke to cleaning staff on the ward who took pride in maintaining high standards of cleanliness and told us that they felt part of the ward team. Cleaning equipment was stored in a locked room, but cleaning substances were not stored in a locked cabinet. **The health board is advised to ensure that substances are stored in a locked cupboard as an additional safeguard due to the patient group on the ward.**

We confirmed shared equipment and medical devices were routinely cleaned and that this formed part of daily and weekly ward cleaning checklists.

Disposable items, such as curtains, were found to be within an appropriate date range and sharps bins were stored in an appropriate locked location on the ward to prevent accidental access to young patients.

There was adequate provision for single patient rooms which could be used for isolation purposes should a patient present with a suspected or actual infection. These were in use during our inspection, and we observed staff wearing personal protective equipment (PPE) as required.

We spoke with the IPC specialist nurse who raised no concerns in relation to IPC matters on the ward. We reviewed the most recent IPC audit which highlighted few

areas but did include the need to remove tape from the flooring of the four bedded bay. **The health board should ensure that this is done and that any outstanding actions stemming from IPC (and related audits) are completed in a timely manner.**

When asked if there are appropriate infection prevention and control procedures in place, all staff agreed there are.

The ward had a very low rate of suspected or actual hospital acquired infection within the last 12 months.

### **Nutrition and hydration**

We confirmed that nutritional needs were discussed with relatives and were documented appropriately upon admission. This included special dietary needs and whether the patient requires support with eating and drinking.

We noted that the Paediatric Yorkhill Malnutrition Score (PYMS)<sup>1</sup> was in use to help identify patients who are at risk of malnutrition and who may require a dietetic referral.

There was a suitable provision of light food and drinks available on the ward for patients and their relatives. However, we found that lunch and dinner provided by the main hospital kitchen was not always appropriate for children in terms of age appropriate choice, presentation, and nutritional value. Despite this, we observed staff working hard to ensure that all patients were provided with an appropriate meal.

Management told us that the paediatric menus were being devised within the health board at the time of the inspection and ward staff are involved in supporting this. **The health board must ensure that this is implemented in a timely manner to ensure that nutritional needs are more appropriately met.**

### **Medicines management**

All aspects of medicines management were overall maintained to a good standard on the ward.

The ward is supported by a paediatric pharmacist who attends the ward weekly to discuss current issues or concerns. A general pharmacist attends the ward daily to support staff in all other matters.

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<sup>1</sup>

We reviewed three medication records and found these had been completed clearly and drugs were appropriately prescribed, administered, and signed for by nursing and medical staff. Although we noted that patient allergies and weights were not recorded on the drugs charts in two of the records we reviewed. **The health board must ensure that this information is recorded on all relevant documents.**

It was positive to note that there was an emphasis on working with relatives to administer medication to young patients in a non-traumatic way. This included effective strategies initiated by the play specialist to empower children to take medicines.

Medicines were stored securely in all areas of the ward and room and fridge temperature checks were consistently logged. However, we noted that the fridge used to store some medicines was a domestic fridge, which is not suitable for use in a clinical environment. **The health board must ensure that this is replaced in a timely manner.**

#### **Safeguarding children and safeguarding adults at risk**

There were clear health board procedures in place for staff to follow in the event of a safeguarding concern. Nursing and medical staff we spoke with were clear on how to apply these procedures in the context of their duties.

Overall staff were knowledgeable of safeguarding issues relevant to children and described good working relations with the health board safeguarding team.

We found that there was a low number of safeguarding referrals submitted by ward staff. Staff highlighted that any referrals would generally be submitted from the Emergency Department as the department patients generally first arrive at.

Despite this, we confirmed that the ward had appropriate processes in place to be alerted to, record and risk assess patients where there are safeguarding concerns. This included completion of relevant admission and discharge documentation, with other relevant professionals as required, and completion of CSERQ<sup>2</sup> forms.

#### **Medical devices, equipment and diagnostic systems**

We found that three medical devices on the ward which had not been serviced within the appropriate timeframe. The ward manager immediately notified the estates department who attended and explained that the pandemic had caused a backlog for the health board and device manufacturers to service the equipment in a timely manner.

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<sup>2</sup> Child Sexual Exploitation Risk Questionnaire

Equipment that was able to be serviced internally was taken for immediate testing and arrangements were made for the remaining two items to be serviced. **Further details on this can be found in Appendix A.**

## **Effective care**

### **Safe and clinically effective care**

Staff demonstrated a good knowledge in relation to providing appropriate, safe, and effective care specific to meeting the needs of children and young patients. This extended to all clinical and specialist teams on the ward.

Paediatric specific clinical charts and risk assessments, such as PEWS and the Glamorgan Pressure Ulcer Scale, were in use on the ward and were completed appropriately.

All staff who completed a HIW questionnaire agreed they were satisfied with the quality of care and support they give to patients and the majority agreed that they would be happy with the standard of care provided by their organisation for themselves, friends, or family.

### **Quality improvement, research and innovation**

We noted that medical leadership linked to the ward and wider hospital site is involved in paediatric scholarship and research to help support clinical innovation and practice.

There were a range of clinical audits undertaken on the ward to support the delivery of safe and effective care. All audits were generally scored positively, except for the PYMS audit. Despite this, there were clear actions taken by the ward manager to support learning for ward staff.

### **Record keeping**

We reviewed four patient records during this inspection and found a good standard of record keeping. All care and treatment documentation was clear and translated into the care provided to the patients.

We found that individual care needs were recorded and relevant risk assessments were completed upon admission. We confirmed that these were reviewed at the appropriate intervals.

All notes were legible, well organised and accessible to all staff to ensure continuity of care. However, we identified that medic signatures were not always

countersigned with a printed name. **The health board must ensure that signatures are countersigned with a printed name on all relevant documentation.**



## Quality of Management and Leadership

### Governance, Leadership and Accountability

We confirmed that there were appropriate lines of communication, and all staff were clear on who their managers were and how to escalate any issues.

There was evidence of an appropriate governance structure, which included oversight of staffing, incidents and other governance related matters affecting the operation of the ward.

The ward manager was enthusiastic and positive about the ward team. They confirmed that they act in a supernumerary capacity but do provide clinical cover if required.

We found evidence of a cohesive medical consultant team who provide senior medical cover to the ward. The ward team also included middle grade doctors and an advanced nurse practitioner who demonstrated a clear patient focus.

We asked staff who completed a HIW questionnaire whether their line manager can be relied on to help with a difficult task. More than two thirds agreed, and all but one agreed that their immediate manager is supportive in a personal crisis. Just over half of staff agreed their immediate manager asks for their opinion before making decisions that affect their work.

In relation to senior management, all staff agreed they know who their senior managers are, and the majority agreed that they are visible and committed to patient care.

However, just over half agreed communication between senior management and staff is effective. Less than half of staff agreed that senior managers try to involve them in important decisions and act on staff feedback. Comments included:

*“More independence and power to local leaders in BGH to manage patients and staff effectively (Currently managed by GGH)”*

*“Managers from Glangwili hospital seem to think that we at Bronglais can do [tasks of Band 5+ staff]. They do not realise that [we are at a lower Band] and have no qualified nurse helping us to do these tasks.”*

*“BGH can function independently and effectively if enough support is available for local leaders to implement changes...”*

When asked if they would recommend their organisation as a place to work, over two thirds agreed. One comment included:

*“A great place to work. Friendly supportive staff and Management.”*

## Workforce

The ward is staffed and supported by a multidisciplinary team of healthcare professionals, including paediatric specialists, to help meet patients medical, nursing, and holistic needs.

Safe nurse staffing levels were visible on the ward and we found compliance against the agreed levels achieved to be in excess of 98% in a six month period prior to the inspection. We confirmed that all qualified staff on the ward were paediatric trained.

There were two band 5 nurse vacancies at the time of the inspection and shifts were backfilled using bank staff who were generally known to the department and active recruitment plans were underway. We noted very low use of agency staff on the ward.

When asked whether there were enough staff for them to do their job properly, 20 agreed and 9 disagreed, with 15 agreeing that the skill mix is appropriate and 5 disagreeing. Staff commented:

*“...recruitment or retention of the workforce. I feel that absence of [medical] trainees from the Paediatrics team are a part of it.”*

*“Staff shortage is very concerning as it affects patient care and staff morale.”*

*“There is burden on this hospital paediatrics department and staff shortages are mostly responsible for it. These are leading to early burn out and that is hampering patient care at times...”*

*“Improve staffing levels (nursing and medical) - Consultant of the week?”*

*“Absence of a good reasonable work force have hindered the quality improvement projects such as audits and other QI projects...”*

We found that mandatory training completion rates were good in most areas. However, we found that there was some room for improvement required in paediatric basic life support and paediatric intermediate life support which was completed to 73% and 55% respectively. We noted that staff had been booked on training courses in November and December 2022 to mitigate this risk.

We considered there to be effective input provided by the practice development nurse, which included a range of upcoming study days and events tailored for paediatric staff with collaborative input from teams from across the health board.

When asked about training, over two thirds of staff felt they had appropriate training to undertake their role. We asked staff whether there was any other training they would find useful. They told us:

“Mental Health Training, i.e Eating disorders.”

“Access to specialist centre for training on a regular basis.”

“CAMHS training and ED training. Mental health specific training is quite lacking I find.”

When asked if training, learning and development helped them to do their job more effectively, all who answered the question agreed this helped them to deliver a better patient experience. All but one agreed that this helped them to stay up to date with professional requirements.

When asked if they had received an annual review or appraisal within the last 12 months, all but three staff told us they had. Two thirds agreed that training needs and development needs were identified, and the majority agreed that their manager supported them to receive training or development.

In relation to patient care, more than two thirds of staff agreed that they can meet the conflicting demands on their time and they have enough time to give patients the care they need.

In response to questions about the organisation, all staff agreed that their hospital encourages teamwork. Whilst the majority agreed partnership working with internal and outside departments is effective, one comment included:

*“I feel that the relationship between sites such as Glangwili and Bronglais hospital should be a two-way process.”*

All staff agreed that care of patients is the organisations top priority. However, two thirds agreed that swift actions is taken to improve when necessary. Comments included:

*“There is lots of good practise going on in the peripheries of Hywel Dda that should be shared, learnt and built upon, but it doesn't always feel that this is appreciated or taken on board. I think it is vitally important that hospitals such as Bronglais are recognised for their strengths & encouraged to keep their own identity, as well as being supported in areas where we might need to improve.”*

*“The accommodation of the acute unit could be improved, and modernised area for the children and young people, and for staff to have designated area for wellbeing rest periods and confidential spaces.”*

The health board may wish to reflect upon the comments provided in the staff feedback to identify to good practice and whether any additional areas require strengthening.

## 4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

# Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that three medical devices on the ward which had not been serviced within the appropriate timeframe.	There is a risk that devices may not work as intended when required.	We raised the issue with the Ward Manager.	<p>The ward manager immediately notified the estates department who attended and explained that the pandemic had caused a backlog for the health board and device manufacturers to service the equipment in a timely manner.</p> <p>Equipment that was able to be serviced internally was taken for immediate testing and arrangements were made for the remaining two items to be serviced.</p>

## Appendix B - Immediate improvement plan

**Service:**

**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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues				

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:**

## Appendix C - Improvement plan

Service: Angharad Ward, Bronglais Hospital

Date of inspection: 4-5 October 2022

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/ Regulation	Service action	Responsible officer	Timescale
The health board must ensure that access to CAMHS services is consistently available as far as possible.	3.1	Access to CAMHS is available on a 24/7 basis and every effort is made to ensure children and young people are reviewed and seen by the appropriate service in a timely manner, however, to improve communication meetings are being re-introduced between the ward and CAMHS team to ensure early resolution of any concerns.		n/a
The health board is advised to ensure that cleaning and related substances are stored in a locked cupboard as an additional safeguard	2.1	A new lockable cupboard ordered, in the interim the 5 litre chemicals (too large for the current cupboard) are stored in a	Senior Sister /Estates	31 Dec 22



due to the patient group on the ward.		secure cupboard prior to use. Staff will dispose of any left-over cleaning solution after use. The 5 litre container is stored in secure cupboard following use in line with COSHH regulations.		
The health board should ensure that any outstanding actions stemming from IPC (and related audits) are completed in a timely manner.	2.4	All actions from IPC and other related audits are monitored through the Directorate Q&S Committee.  In relation to recommendation from the recent IP&C audit funding for the new flooring has been sourced, and the service area is in communication with estates to identify a date for required works to be approved and completed	Senior Sister / Estates	31 March 23
The health board must ensure that a review of paediatric menus is completed and implemented in a timely manner to ensure that nutritional needs are more appropriately met.	2.5 / 5.1	A Task and Finish group has been set up to review and oversee the development of menus to ensure the nutritional needs are met. The group will engage with	Senior Sister / Hotel Services	30 June 23

		patients and families as part of this process to seek their views.		
The health board must ensure that patient information is recorded on all relevant clinical documents.	3.5	Staff will be reminded of the importance of the recording of allergies and patient weights on drug charts. Communication will be via a memo to all staff.	Service Delivery Manager	31 Dec 22
The health board must ensure that signatures are countersigned with a printed name on all relevant documentation.	3.5	Staff will be reminded of the importance of ensuring signatures are countersigned with a printed name. Communication will be via a memo to all staff and, if deemed necessary, staff will be asked to undertake documentation training.	Service Delivery Manager	31 Dec 22
The health board must ensure that the domestic fridge is replaced with a clinical medication fridge in a timely manner.	2.6	A clinical medication fridge has been ordered, awaiting delivery.	Senior Sister / Estates	31 Dec 22
The health board may wish to reflect upon the comments provided in the staff feedback to identify good practice and whether	7.1	The service is reviewing the comments received. The comments and service response will be shared with staff, and if	Paediatric Senior Nurse/ Senior Sister	28 Feb 23

any additional areas require strengthening.		required, can also be shared with HIW.		
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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): J Millward**

**Job role: Senior Nurse Paediatrics**

**Date: 17/11/22**