

Hospital Inspection Report (Unannounced)

Ward M and Oakwood Ward,
Morrison Hospital, Swansea Bay
University Health Board

Inspection date: 17 and 18 January 2023

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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 Morriston Hospital, Swansea Bay University Health Board on the 17 and 18 January 2023. The following hospital wards were reviewed during this inspection:

- Oakwood Ward - a 17 bed medical ward, inclusive of 4 high dependency beds
- Ward M - a 24 bed surgical ward

We did not review the Paediatric Assessment Unit (PAU) as part of this inspection, but we did invite staff to complete a HIW questionnaire due to staff often providing cover to each of these areas.

Our team for the inspection comprised two HIW Healthcare Inspectors, three 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.

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 staff provided patients and their relatives with an overall positive experience during their admission. Patients and their relatives commented in an overall complementary manner of the way care and treatments had been delivered.

Staff had made efforts to maintain an environment which was suitable for children, young persons, and their relatives. However, this was limited by a tired environment and lack of suitable space which does not reflect a modern paediatric service.

This is what we recommend the service can improve:

- Provide HIW with a timeline for the proposed refurbishment works
- Consider how to effectively communicate the CAMHS process to patients and their relatives.

This is what the service did well:

- We observed staff providing kind and respectful interactions with patients and their relatives
- There were generally good mechanisms for patients and their relatives to provide feedback and for this feedback to be acted upon.

Delivery of Safe and Effective Care

Overall summary:

We found that staff provided patients with an overall responsive and timely level of care and treatment. Staff demonstrated a good knowledge in relation to providing appropriate care specific to the needs of children and young patients.

We have made several recommendations for the service to fully improve the delivery of safe and effective care.

This is what we recommend the service can improve:

- Ensure that all ward areas are able to be effectively cleaned and that actions from infection prevention and control (IPC) related audits are acted upon in a timely manner
- Strengthening aspects of record keeping in relation to fluid monitoring, medication administration and individualised care

- Ensure that staff training and knowledge in relation to sepsis is strengthened, including giving consideration towards implementing a sepsis tool
- Reflect on its processes for the recognition and escalation of an unwell patient to enhance existing methods.

This is what the service did well:

- Staff explained clinical matters to patients and their relatives in a clear and age appropriate manner
- Staff demonstrated a good knowledge in areas including IPC and medicines management
- There were robust governance processes in place for the management of safeguarding matters.

Quality of Management and Leadership

Overall summary:

We found effective ward management and leadership, and all staff engaged positively with the inspection process. Staff we observed and interacted with demonstrated a clear patient focus and were keen to provide patients and their relatives with a positive experience.

This is what we recommend the service can improve:

- Reflect on the staff responses and comments provided in this report.

This is what the service did well:

- Staff overall were supportive of the managerial support provided.

3. What we found

Quality of Patient Experience

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. We received 22 questionnaires and feedback from patients and their carers was positive. Comments included:

“Care is very good”

“Play nurses and all nurses were good, they sit and chat with us”

“The nurses have been very friendly and have made me feel comfortable”

Staying Healthy

Health Protection and Improvement

There was some health promotion material available on the wards, which included posters and display boards relating to healthy eating, mental health and some condition specific information. It was positive to see that patients had been involved in creating some of this material. However, these provisions were limited in their scope and did not include sufficient material for patients and their relatives to take away. There was also a lack of material available in other languages, including Welsh.

The health board must ensure that there is a sufficient breadth of material available for patients and their relatives to reflect various national health promotion campaigns, priorities, and signposting to local support services.

Dignified care

Dignified care

Patients and carers overall told us that their children had received dignified care from staff. We observed staff engaging in a kind and respectful manner with patients and their relatives. Staff were observed speaking discretely and sensitively in open spaces, however, one patient and their relative told us that they would have appreciated a private area to discuss sensitive aspects of their care to avoid being overheard by others. It was positive to note that there was now a quiet room available should any difficult or confidential conversations need to be held. The health board is advised to remind patients and their relatives of this space should they wish to use it.

We found that the overall ward environment made efforts to promote a child friendly décor, however, this was limited at the time of the inspection due to the lack of suitable spaces. Since our last inspection, there was no longer access to the parents kitchen or washroom facilities, dining area or the adolescent space on Oakwood Ward. Due to a recent water leak, the playroom was also inaccessible during the inspection. However, play staff were observed providing patients with toys and support at their bedside.

When asked in the HIW questionnaire how the setting could improve the service it provides, staff responses included:

“Environment inadequate for children and carers as well as staff. New ward needed with vastly improved facilities and modernisation...Disabled toilets, new buzzer system, gender separate toilets (boys/girls). Parents room, bigger kitchen...”

“A more child friendly, purpose-built area is needed [which is] more spacious”

“Everywhere is leaking, unsafe and doesn't look very nice and professional. Safety hazard having buckets everywhere”

We did note that there were refurbishment plans in place, which we were told would aim to provide patients and their relatives with a more appropriate environment. **The health board must provide HIW with a timeline for the proposed refurbishment works.**

Communicating effectively and Patient information

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

All patients and their relatives told us that they felt informed about their care and treatment, and we confirmed that there was a range of treatment specific information available. However, we noted that the post-operative and discharge leaflets had last been reviewed in 2020. **The health board must ensure that these are reviewed and updated where required to ensure their continued clinical appropriateness.**

We saw examples of staff engaging with patients in a positive manner which was appropriate to their age and individual needs. Examples included using toys and other play objects to describe and illustrate clinical procedures to relieve any potential anxieties.

We observed some Welsh speaking staff available on the wards and the 'Iaith Gwaith' logo was visible on uniforms. Staff were also aware of language line facilities to meet other language needs.

Timely care

Timely Access

Patients were admitted on a 24 hour basis from either the Children's Emergency Unit (CEU) based on the hospital site, from the Paediatric Assessment Unit (PAU), or as a direct admission if previously advised by the ward. Patients requiring surgical procedures are admitted to Ward M on either a planned elective or emergency basis.

Staff told us that medical input was responsive and described good working relations with medical colleagues. Nursing staff told us that they could escalate concerns to medical staff at any time and felt comfortable in doing so.

Within the sample of patient records that we reviewed, we found that nursing care and treatment was provided to patients in a timely manner and care plans were in place to support this. We observed staff attending to patient needs at the bedside in a timely manner.

Some patients and their relatives told us however that they would have liked to have been better informed about the CAMHS referral process, including when they would be seen by the CAMHS team. **The health board must consider how to communicate the CAMHS provision to patients and their relatives to ensure that anxieties and expectations are appropriately considered.**

Individual care

Planning care to promote independence and People's rights

Each ward comprised of a multidisciplinary team which provided 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, and links with clinical teams across the wider hospital site. There was however no access to a paediatric occupational therapist which would further promote independence. The health board is advised to consider whether an occupational therapist would enhance care delivery for this patient group.

Initiatives to support independence, such as adolescent transitioning into adult services, were noted to be of importance to staff. However, we did not identify clear activity to support this in practice. The health board is advised to consider additional initiatives to promote independence.

It was positive to note that there was a youth patient experience group. Staff told us that whilst engagement had dipped during the pandemic, plans were in place to ensure engagement levels increased.

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. Feedback was also collected electronically using a QR code survey and information on the Putting Things Right scheme was available on Ward M. The health board is advised to ensure that Putting Things Right information is also available on Oakwood Ward.

The internal feedback that we reviewed was largely positive and posters displaying what actions had been taken in response to suggestions from patients and relatives was displayed on Ward M. The health board is advised to ensure that feedback outcomes, such as 'You said, we did' are displayed on Oakwood ward.

Feedback and formal complaints are reviewed by senior managers through an appropriate governance process. The concerns we reviewed were generally responded to in a timely manner according to the Putting Things Right process.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

Access to the wards were controlled through a buzzer system to prevent unauthorised access. Staff were observed challenging visitors to the wards in a professional manner when it was unclear which visitors they were there to see.

There was a fire escape door in between Oakwood and an adjoining adult ward. Staff were aware of the need to keep this door secure and we confirmed that this was not used as a thoroughfare to elsewhere. However, we noted that this door was not secure on the second day of the inspection. We raised this with staff who quickly ensured that the door was locked. **The health board must ensure that this door is always kept secure and are advised to consider appropriate signage or an alarm system to notify staff when it is not secure.**

Efforts had been made to ensure that equipment, particularly on Ward M, was stored appropriately. However, there was a general lack of storage for large items of equipment across both wards, which presented a trip hazard to young patients, visitors and staff, and could potentially cause a risk in the event of an emergency incident. **The health board must ensure that this is considered as part of the refurbishment plans for the wards.**

We noted that the door to the cleaning room situated outside Ward M and the Assessment Unit was open, with the inside lockable cupboard open. This was raised with a member of the cleaning team and was immediately locked.

Preventing pressure and tissue damage

This area was not reviewed in depth due to the patient group. However, in the record of one patient who was at risk of pressure damage, we confirmed that this patient had been risk assessed and there was an appropriate care plan in place. Staff were able to confidently discuss the management of skin care and the pathway that would be followed.

Falls prevention

We confirmed that falls management formed part of the patient care pathway where required. Staff were able to confidently discuss falls prevention methods and were aware of mobility aids which were available.

Infection prevention and control (IPC)

We found the wards to be generally visibly clean and well organised. High touch point areas, such as toilets, were observed as being cleaned regularly. However, a lack of general storage space on both wards meant that some areas of the wards were not cleaned effectively. This was notable on Oakwood Ward, particularly the treatment room which was used for multiple purposes. This was also identified in an audit by the health board IPC team in October 2022. **The health board must ensure that all ward areas are able to be effectively cleaned and that actions from IPC related audits are acted upon in a timely manner.**

We observed the majority of staff using personal protective equipment (PPE) appropriately and maintaining good hand hygiene. This was supported by hand hygiene and bare below the elbow audits, which were completed consistently and were positively scored.

Staff we spoke with had a good understanding of IPC related matters. This included understanding infection control principles and how it applied to their role, hand hygiene regimes, procedures to follow in the event of a needlestick injury, and how to decontaminate shared equipment and reusable medical devices.

There was space on the wards to accommodate patients who were either at high risk of infection or were infectious. Staff were able to fully describe the procedures which were followed in either of the scenarios, including how care would be provided and how these areas would be appropriately staffed.

There were some minor outstanding maintenance issues on the wards which affected the ability of staff to maintain a fully clean environment. We confirmed that these were promptly reported, but that their resolution could take time due to other estates priorities. Senior staff told us that the planned refurbishment works would aim to remedy this.

We confirmed that safe sharps devices were in use and that sharps bin were present on the ward with closed lids away from patients. We noted that full sharps bins were stored securely whilst awaiting collection.

Cleaning equipment and hazardous substances were stored securely on the ward to prevent accidental access to young patients.

Nutrition and hydration

In the patient records that we reviewed, we confirmed that nutritional needs were discussed with relatives and were appropriately documented upon admission. Where required, food and fluid intake was monitored appropriately, but fluid output was not consistently recorded in all cases. **The health board must ensure**

that fluid monitoring is recorded as required. Staff were generally knowledgeable in how to meet and escalate any nutritional concerns as appropriate.

Patients and their relatives told us that they were happy with the available food options and we found that the food choices were generally child friendly. However, staff informed us that a review was underway to reflect healthier eating choices. We observed meals being provided in a timely manner and staff provided help to patients where needed. There was a suitable provision of light food and drinks available on the ward for patients and their relatives outside of mealtimes.

Medicines management

We reviewed a sample of patient drug charts and found that these were generally completed correctly. Patient details, including allergies and weights, were recorded throughout, and administered medication was clearly recorded with no gaps. However, whilst drugs were consistently signed and dated when first prescribed, some drugs which required a second signature were not always countersigned. **The health board must ensure that medication is double checked and countersigned as required.**

We found medicines, included controlled drugs, to be well organised and securely stored. Controlled drugs were recorded and signed for correctly and temperature sensitive medicines were monitored on a consistent daily basis. However, on Oakwood Ward, we noted that the medication cupboard was left unattended with the keys inside the lock for a period. Staff told us that this was in case of needing to access medicines in an emergency. We advised the staff member to ensure that the cupboard is not left unattended with the keys present.

We observed medicines administered to patients at the bedside. We confirmed that staff wore red aprons to indicate that they should not be disturbed, and patient armbands were checked by staff before medication was administered. Relatives told us that they felt well informed by staff of the medicines being given to their children, including the reasons for their use. Relatives also told us that they felt sufficiently supported by staff to continue to administer medicines at home once discharged.

The wards had access to a dedicated pharmacy team who described a good working relationship with ward staff. Ward staff expressed the same views regarding pharmacy input. The pharmacist we spoke to confirmed that ward audits were completed on a regular basis and that they had no concerns regarding the wards.

Staff described timely and effective arrangements for accessing medicines out of hours.

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. 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 were supported by a safeguarding lead nurse. Staff described good working relations with the health board safeguarding team to efficiently manage and escalate concerns where required.

We confirmed that staff had received training relevant to their roles during induction and at regular intervals thereafter.

No patients required constant observation during the inspection, but some patients required enhanced observation. This was communicated appropriately at twice daily staff safety huddles and staff were aware of which patients this related to.

Medical devices, equipment and diagnostic systems

We found medical devices and equipment on the wards had been checked or serviced within the appropriate timeframes. However, we noted storage of equipment was an issue due to the lack of space. Some staff noted that equipment was not always able to be fully charged and ready for use due to this.

All re-usable devices and equipment we observed was cleaned after use and cleaning labels were attached to demonstrate when they had last been cleaned.

Staff were aware of the process to follow for reporting faults and were aware of how to obtain additional equipment if required.

Effective care

Safe and clinically effective care

Staff demonstrated a good knowledge in relation to providing appropriate care specific to the needs of children and young patients.

In our previous inspection, we recommended that efforts were made to raise the profile and understanding of the sepsis pathway in Oakwood Ward. We saw that efforts were made following the inspection to implement training and the trial of a new toolkit on the paediatric assessment unit (PAU). However, during this

inspection we identified gaps in knowledge amongst nursing staff on both wards in relation to sepsis. **The health board must ensure that there is a strengthened approach towards sepsis training and knowledge, and consideration given towards the implementation of a sepsis tool in all areas.**

Further in relation to the recognition and escalation of unwell children, we were informed that staff rely on clinical observations and experience to identify a deteriorating child. However, several staff that we spoke with told us that a lack of available senior nurses can, at times, impede early identification. We noted that an SBAR (situation, background, assessment, and recommendation) tool was used. However, we recommend that the health board reflects on the use of this communication tool to evaluate if an early warning scoring tool can be used to clinically enhance existing methods. **The health board must reflect on its processes for the recognition and escalation of an unwell patient.**

All staff who completed a HIW questionnaire agreed they were satisfied with the quality of care and support they give to patients. All staff stated that they know how to raise any concerns related to unsafe clinical practice and would feel secure in doing so. All but one of these respondents agreed that their organisation would address these concerns.

Quality improvement, research and innovation

Ward managers told us that they are part of various All Wales Forums to discuss and share good practice. We noted that several initiatives, such as reviews of care pathways, are actively being looked at to constantly improve the care and treatment provided to patients.

Record keeping

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

We found that staff provided patients with care and treatments according to their needs. However, we noted that the patient care booklets / plans were not always fully individualised to the patient. **The health board must ensure that care plans are fully individualised as far as possible.**

Relevant risk assessments were completed upon admission. We confirmed that these were reviewed at the appropriate intervals.

All notes were succinct, legible, and accessible to all staff to ensure continuity of care. All patient records were stored securely when not in use.

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.

We asked staff who completed a HIW questionnaire whether their line manager can be relied on to help with a difficult task and if they were supportive in a personal crisis, all agreed. All staff also agreed that their immediate manager asked for their opinion before making decisions that affected their work and provided clear feedback.

In relation to senior management, all staff agreed they knew who their senior managers were, that they were visible, and committed to patient care. Some staff responded that communication between senior management and staff could be strengthened, and that staff could be more involved in important decisions that affected their work.

Workforce

We found safe staffing levels were achieved at the time of the inspection and staff commented positively on the inclusion of paediatric services into the Nurse Staffing Levels (Wales) Act 2016.

We noted however that there were exceptions to this on several shifts the month prior to the inspection, particularly on Ward M. We noted that this was correctly escalated at the time, with an accompanying Datix to ensure on-going monitoring. Whilst staff on both wards explained that risk was mitigated across all areas by sharing staff as far as possible, we would advise the health board to continue to carefully monitor the on-going balance of risk across both wards.

There were no nursing vacancies at the time of the inspection, although we noted that there were some vacancies in medical staffing across the wider paediatric division. These vacancies were logged on the divisional risk register and recruitment efforts were underway.

We found that there was good induction training for new staff, which was developed and led by a practice development nurse, with input from specialities

across the hospital. We saw evidence of on-going skills sessions and refresher opportunities for existing staff at regular intervals throughout the year.

We found that mandatory training was generally good in all key areas. Where percentage completion was lower than expected, staff confirmed that interim training was provided through skills sessions and one-to-one supervision to ensure that skills are maintained in the interim.

When asked if there was any other training that they would find useful, staff told us that European paediatric advance life support and 'surgical specific skills' would be beneficial.

Further staff comments have been included throughout this report. However, due to the low response rate, the questionnaire data included may not be representative of all staff working on the wards. The health board should reflect on the responses and comments provided in this report.

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

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 improvements 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.

Appendix C - Improvement plan

Service: Oakwood Ward and Ward M - Morriston Hospital

Date of inspection: 17-18 January 2023

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
1. The health board must provide HIW with a proposed timeline for the proposed refurbishment works	H&C Standards 2.1	Completion of Refurbishment business case. Present business case to senior management team March 2023 Time line to be completed following business plan approval	Head of Nursing Clinical Lead for general paediatrics Divisional Manager for CYP	April 2023 Refurbishment 2024
2. The health board must ensure that treatment leaflets, including post-operative and discharge information, is reviewed to ensure their continued clinical appropriateness	4.2 / 3.1	Update information and treatment leaflets and include QR codes Task and finish group to be arranged April 2023	Clinical lead for general paediatrics Matron general paediatrics Ward Sisters	September 2023
3. The health board must consider how to communicate the CAMHS provision to patients and their relatives to ensure that anxieties	4.2	Education sessions for paediatric nursing team around the role of the CAMHS service to be provided to enable them to communicate effectively with	Matron to link with lead nurse for CAMHS service.	September 2023

and expectations are appropriately considered		the young people and their families A leaflet to outline the process of CAMHS care will be developed and shared with young people and families on admission.		
4. The health board must ensure that the adjoining ward door on Oakwood ward is always kept secure. The health board is advised to consider appropriate signage or an alarm system to notify staff when it is not secure	2.1	Escalation to estates to review present alarm system	Matron Oakwood ward Sister	June 2023
5. The health board must ensure that all ward areas are able to be effectively cleaned and that actions from IPC related audits are acted upon in a timely manner	2.4	Peer review audits spanning adult, maternity and children's services to provide assurance of IPC standards to commence Assurance audit meetings held monthly Monthly IPC Audits completed IPC concerns raised at monthly CYP division IPC meetings DATIX completed for IPC issues	Heads of Nursing / Midwifery Matron	July 2023 Monthly minutes of IPC logged for assurance on robust IPC management April 2023

<p>6. The health board must ensure that fluid monitoring is recorded as required</p>	<p>2.5 / 3.5</p>	<p>Documentation audits completed monthly on all wards</p> <p>Fluid management of patients reviewed at daily huddle</p> <p>Training of fluid management in place by CPD team</p>	<p>Matron</p> <p>Ward Sisters</p> <p>CPD team</p>	<p>Audits reviewed at monthly assurance meetings</p> <p>Minutes logged for robust management</p> <p>April 2023</p>
<p>7. The health board must ensure that medication is double checked and countersigned as required.</p>	<p>2.6 / 3.5</p>	<p>Medicine management programme in place</p> <p>Learning event from medicine errors.</p> <p>All errors datixed reviewed weekly in incident meeting</p>	<p>Matron</p> <p>Ward Sisters</p>	<p>April 2023</p>
<p>8. The health board must ensure that there is a strengthened approach towards sepsis training and knowledge, and consideration given towards the implementation of a sepsis tool in all areas</p>	<p>3.1</p>	<p>A local sepsis group has been developed, and an ongoing sepsis six awareness campaign.</p> <p>The Division will undertake a sepsis audit to provide assurance of compliance with the Sepsis 6 principles.</p> <p>The service are exploring implementing Sepsis Stickers currently in use on Adult wards</p>	<p>Nursing Matron</p> <p>Clinical lead</p>	<p>End Sep 2023 - March 2024</p>

		<p>to strengthen approaches to sepsis management</p> <p>Educational materials and clerking proformas are being altered to aid the recognition of sepsis. In addition, a three in /three out action card has been prepared and will be shared with staff to practice the sepsis six principles</p>		
9. The health board must reflect on its processes for the recognition and escalation of an unwell patient.	3.1	<p>Recognition of a sick child and escalation pathways have been and will be delivered monthly to all nursing and medical teams. This will be done through various platforms - bite-size teaching sessions, simulation sessions, nursing skills day, doctors protected teaching time</p>	<p>Nursing Matron Clinical lead</p>	<p>End Sep 2023 - March 2024</p>
10. The health board must ensure that care plans are fully individualised as far as possible.	6.1 / 6.2	<p>Care plans to be agreed on an All Wales basis for WNCR</p> <p>Individual care plans for specific care needs to be devised and monitored through documentation audit</p>	<p>Matron Ward sisters CPD leads</p>	<p>September 2023</p>

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): Sharron Price

Job role: Interim Nurse Director (Neath Port Talbot & Singleton Service Group)

Date: 16/3/2023