Hospital Inspection (Unannounced)

Withybush General Hospital, Hywel Dda University Health Board. Wards 1, 10 and 12

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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 are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Withybush General Hospital within Hywel Dda University Health Board on the 20 and 21 November 2018. The following hospital wards were visited during this inspection:

- Ward 1 (Trauma (unplanned) & Elective (planned) Orthopaedics)
- Ward 10 (General Medicine, Oncology, Haematology & Palliative Care)
- Ward 12 (General Medicine & Dementia Care)

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

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

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

2. Summary of our inspection

Overall, we found evidence that the service provided respectful, dignified, safe and effective care to patients. However, we identified that improvements were required to further promote the safe and effective care of patients in accordance with national guidance and the Health and Care Standards.

This is what we found the service did well:

- We found that patients rated the care and treatment provided during their stay in hospital as excellent
- We saw that staff were professional, kind and sensitive when carrying out care to patients
- We found that the care for patients with dementia on Ward 12 was of a very high standard
- We found a safe and robust process on each ward inspected for medicines management
- We found good overall management of pain on all three wards inspected.

This is what we recommend the service could improve:

- Signage at the hospital must be reviewed to ensure it is easy to read for all patients and visitors to the hospital, and that there are correct floor announcements within the patient/visitor lifts
- NHS Wales Putting Things Right information (regarding the NHS complaints process), is clearly displayed on all wards and that leaflets are readily available for patients to read and take away.
- All staff must have updated knowledge and understanding of infection, prevention and control
- All staff must comply with the Bare Below the Elbow policy
- Ensure that issues with staff morale and motivation, behaviour and attitudes on some wards is addressed

We had some immediate concerns which were dealt with under our immediate assurance process. This meant that we wrote to the service immediately after the inspection, outlining that urgent remedial actions were required. These were in relation to: checking of resuscitation equipment, fire escape route on Ward 10 and the use of their corridor as a thoroughfare and the daily checking of drug fridge temperatures.

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

3. What we found

Background of the service

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

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

Ward 1

Ward 1 is a designated trauma and orthopaedic ward. Patients are admitted to the ward for elective (planned) surgery and also for trauma orthopaedic care which is usually following an emergency or unplanned admission.

The ward has the facilities to care for a maximum of 28 patients. However, due to current unfilled staff vacancies, and some staff on long term sick leave, the bed base had temporarily been reduced to 24 beds. This was to maintain adequate care and patient safety. It was also to minimise the reliance on temporary staffing thus, promoting continuity of care for patients.

The ward has four bays containing six beds and four individual patient side rooms. There were no vacant beds at the time of our inspection, based on utilising 24 beds.

Ward 10

Ward 10 provides care for general medicine patients, oncology, haematology[1] and palliative care patients. The ward currently has facilities to care for fifteen general medicine and oncology patients and seven haematology patients.

The ward has two bays of six beds, two bays of three beds and four individual patient side rooms. There were no empty beds available during the inspection.

The ward is in need of full refurbishment therefore, plans are in place to transfer the provision of care to another ward area within the hospital whilst the renovation works are carried out, with a plan then to move back to Ward 10 once completed (plan is to move in April 2019 and return in December 2019).

Ward 12

Ward 12 is a general medical ward, which cares mainly for patients who are elderly and have dementia type illnesses.

The ward normally has 21 beds, and patients are cared for in three bays of six patients and three individual patient side rooms. There is also space to accommodate five additional patients in a four bedded bay and an individual side room, if there were a need to do so. This would take the ward bed base up to 26 patients. There were no empty beds during the inspection and the addition extra capacity beds were in use.

The ward also had a dementia friendly day room, which was currently being renovated. However, the plan was to reopen this room for the patients before the end of December 2018.

[1] Haematology, is the branch of medicine concerned with the study of the cause, prognosis, treatment, and prevention of diseases related to blood. It involves treating diseases that affect the production of blood and its components, such as blood cells, haemoglobin, blood proteins, bone marrow, platelets, blood vessels, spleen, and the mechanism of coagulation. Such diseases might include haemophilia, blood clots, other bleeding disorders and blood cancers such as leukaemia.

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.

Patients told us that their overall experience was excellent or very good, and they provided mostly positive comments about their experience. Without exception, patients also told us that they had always been treated with dignity and respect.

Directions to the ward were not clearly displayed throughout the hospital, and the signage was quite small in font making it difficult for some to read and understand. In addition, the main lift announcement would indicate that we were on a different floor to what we were actually on. This could pose significant problems to some people, and particularly to those who were visually impaired, and this therefore needs to be resolved.

The hospital had a good focus on dementia care and the care on the main dementia ward was excellent.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 29 questionnaires were completed. We also spoke to patients during the inspection. All of the patients that completed a questionnaire had been on the ward for at least three days. Patient and relatives comments about the care provided at the hospital included the following:

> *"Getting to see a doctor can be a problem. But nurses are helpful at giving information as best as they can"*

> *"Generally happy with care received. Staff are sometimes slow to respond but it is because they are busy, they always come to assist"*

Patients rated the care and treatment provided during their stay in hospital as excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed.

Staying healthy

Each ward had a supply of health promotion and relevant health related and community service information for patients, their families and visitors to read and to take away with them for future reference. The information available was substantial on all wards.

The hospital was a designated no smoking zone. This also extended to the use of vapour/e-cigarettes. These arrangements complied with Smoke-free Premises Legislation (Wales) 2007.

Dignified care

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. All patients agreed that staff were always polite and listened, both to them and to their friends and family. In addition, these patients told us that staff called them by their preferred name. Patient and relatives comments in the questionnaires included:

> *"Ward level staff listen and react. Doctors don't volunteer any information and I don't always have time to ask them before they leave"*
>
> *"Staff are happy to explain anything I don't understand"*

Without exception, every patient that completed a HIW questionnaire said that they had been treated with dignity and respect during their time in hospital.

During the course of our inspection we saw many examples of staff being kind and compassionate to patients. We saw staff treating patients with respect, courtesy and politeness at all times. Most comments within the patient questionnaires were positive.

We also saw staff promoting privacy and dignity when helping patients with their personal care. This was achieved by closing dignity curtains around bed areas and closing doors to side rooms, toilets and shower rooms. Continence needs had also been assessed where appropriate, and this was documented within the patient records that we reviewed on each ward. However, the documentation for this was minimal and requires improvement on Ward 1.

Shared toilet and washing facilities were designated single gender on Ward 1 and 10. They were clearly marked as such on Ward 1, but were not highlighted on Ward 10. These arrangements helped promote patients' privacy and dignity. However, it was identified during the inspection that both male and female

patients used either toilet/ shower room, regardless of any designated signs on the doors.

On Ward 12, there was a yellow door off the ward corridor (and close to the ward entrance), to enter a toilet area. This area was designated for both male and female patients. Within this room, there were two separate toilets which were separated by a fixed screen and each cubicle was labelled with male and female signs. However, it was audible between the two toilets, since there was a gap beneath and above the screen. This poses the risk of not maintaining patients' dignity for example, a male patient using the toilet area at the same time as female patient. In addition, due to the nature of the patients care needs (mostly with dementia), this could be confusing and intimidating for both male and female patients.

There were other toilet/ shower rooms designated for either male or female use. However, as with Ward 1 and 10, it was identified during the inspection that both male and female patients used either toilet/ shower room on Ward 12, regardless of the designated signs on the doors.

Improvement needed

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

- Patients are reminded of and encouraged to use the designated toilet/ shower rooms that they should be using
- Consideration should be made to the toilet area designated for both male and female patients on ward 12, to ensure that this area is designated for either male or female patients and not for both
- Ensure documentation is robust in relation to continence assessments and requirements on all wards throughout the health board.

Patient information

Directions to the ward were not clearly displayed throughout the hospital, and the signage was quite small in font. This could make it difficult to read for some, particularly those who were visually impaired. On the first day of our inspection, we established that it was not easy to find our way around the hospital.

We used the lift to access higher and lower floors, and it was quite confusing at times, because the lift announcement would indicate that we were on a different floor to what we were actually on. This could pose significant problems to some people, and particularly to those who were visually impaired, and this therefore needs to be resolved.

Notice boards on both wards were used to display the names of the nurse in charge and other staff on duty. All wards were compliant with the Nurse Staffing Levels (Wales) Act 2016[2]. This meant that patients and visitors could easily see the nurse staffing level that was agreed by the Health Board on each acute medical and surgical wards that we inspected.

Improvement needed

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

- Signage at the hospital is reviewed to ensure it is easy to read for all patients and visitors to the hospital
- The announcement in the lift is corrected to ensure that it announces the correct floor when stopping.

Communicating effectively

Overall, patients seemed to be positive about their interactions with staff during their time in hospital. Most patients that completed a HIW questionnaire told us that they could always speak to staff when they needed to. The majority of

[2] Nurse Staffing Levels (Wales) Act 2016 The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016 and was fully implemented in April 2018. The Act requires health service bodies to have regard for the provision of appropriate nurse staffing levels, and to ensure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively.

patients also said, that they felt that they had been listened to by staff during their stay.

The majority of patients told us in the HIW questionnaires that staff had always talked to them about their medical conditions and helped them to understand them. However, almost a third of the patients that completed a questionnaire told us that they were not always offered the option to speak to staff in their preferred language. This included patients whose preferred language was English or Welsh.

We were told by staff on each ward, that doctors and nurses met separately at set times every day when shift changes took place. This was in order to communicate and discuss patients' needs, plans, relevant risks and any safety issues, and to maintain continuity of care. We also saw that staff had access to prepared patient handover sheets, which were updated daily, so that all staff were aware of key patient treatment, care plans and any significant issues.

Each ward had a Patient Safety at a Glance (PSAG) board[3]. The PSAG board on Ward 10 and 12 clearly communicated patient safety issues and daily care requirements/ plans, as well as support and progress required, regarding discharge arrangements. Such information was used on a daily basis by multidisciplinary teams.

This method of communication was aided with numerous coded magnets and some hand writing but maintaining confidentiality. However, the board on Ward 1 was sparse with information when we arrived on day one. It remained that way for a number of hours, and then staff told us that this was because they has thoroughly cleaned it that morning and had not yet repopulated it. This was rectified within the late morning and was significantly improved that day, and during day two of our inspection.

On each of the wards inspected, each patient bay and side room as well as within the corridors (and day room on Ward 12), was fitted with a wall clock to help orientate patients to the time of day or night.

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[3] The Patient Status at a Glance Board (PSAG) is used in hospital wards for displaying important patient information such as; the infection risk levels, mobility, admission and discharge flow, occupied number of beds, nursing and medical teams, amongst others.

Most staff attempted to maintain patient privacy when communication information. However, we saw that there were many conversations between nurses and doctors taking place on ward 10 in the corridor. We were able to see and hear what was being discussed without being part of the conversation. In addition, as there are no doors on the entrance of the patient bays, and the ward and bed spaces are compact, it is likely that other patients and visitors could hear the conversations.

Improvement needed

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

- All staff must ensure that they make every attempt to maintain patient privacy and confidentiality when communicating their care amongst team members.

Timely care

Timely access to care was affected by recruitment issues, where a number of vacancies were not filled. This was in particular with Ward 1 (where the bed base has been temporarily reduced) and also on Ward 10. Ward 12 were not facing staffing issues and timely care was found to be good.

The recruitment issues and the impact on timely care on both Ward 1 and 10 was reflected in our findings within this report. Patients' comments also included:

> *"At times I have felt the ward was a bit chaotic. I haven't known what was going on and I worried my mother wasn't getting what she needed which was stressful sometimes. I felt no one had an overview of my mother's situation and that was worrying. Decisions on treatment sometimes were very delayed. The staff are lovely but overstretched"*
>
> *Waiting to see ENT specialist seems to be delay. (Told clinic only held every few weeks)"*
>
> *"I told staff about an eye problem I had for a few weeks. Doctor has now looked at it and prescribed eye drops. Eye drops will be on ward today"*

Staff indicated in the HIW questionnaires on Ward 1 and 10, and those who spoke with us there, indicated that they are not always able to meet all the conflicting demands on their time at work. This also impacted on their ability to plan and implement timely and individualised care. They also felt that there was not always enough staff at the organisation to enable them to do their job properly. Staff comments on the questionnaires included:

> *"My organisation provides excellent care when there are sufficient staff to do so"*
>
> *"Never enough staff to provide good care"*
>
> *"The standard of care in the hospital is good, given the financial constraints. It is hard to see a GP though"*

Staff on Ward 12 who spoke with us said that they generally had enough time to provide timely care to patients during their shift. They also said that the number of staff on the ward during the day was sufficient to meet the needs of the patients in their care.

Each ward used an intentional rounding[4] approach to the delivery of safe and effective care. We were able to confirm this by reviewing a selection of patient care records and also by speaking with patients.

A small number of patients, who spoke with us on Wards 1 and 10, said that there were occasions when they used their call bell for assistance and staff did not respond in a timely way. We also identified this during the inspection. We timed three call bell sounds on one ward and each sounded for four, six and seven minutes before being answered. Some patients did tell us that staff would sometimes respond quickly and then explain if there was to be a delay. Some patients highlighted delays in answering call bells within the HIW questionnaires. Some comments included:

> *"Buzzer sometimes slow to answer but they come eventually. When they are very busy"*

[4] Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs

"Sometimes buzzer takes a while but they also come when I call out"

Senior hospital staff and ward staff also confirmed, that they have currently reduced the bed base on some wards at the hospital temporarily, to help with the recruitment issues. Therefore, Ward 1 is currently operating 24 beds instead of 28. This is in order to provide the adequate and appropriate levels of care to patients.

Improvement needed

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

- Communications are made with ward staff to establish why they are not always able to meet all the demands on their time at work, and the impact this has on their ability to plan and implement timely and individualised care.

Individual care

Planning care to promote independence

On Wards 1 and 12, patients with dementia were highlighted within the butterfly scheme[5]. However, we did not see evidence of this on Ward 10, despite having a patient admitted there who had dementia.

The butterfly scheme provides a system of hospital care for people living with dementia or who simply find that their memory isn't as reliable as it used to be. Wards 1 and 12 used a blue butterfly on the PSAG boards, and for communication purposes in the notes, to highlight those with dementia. On Ward 1, for those with confusion but without a dementia diagnosis, they were highlighted with a white butterfly.

[5] Butterfly Scheme

We saw signs and images on toilet doors and bathing areas to orientate patients of where they were. On Wards 1 and 12 (to assist those with dementia), the toilet doors were coloured yellow[6]. This was a good initiative, to assist patients with dementia to locate them.

We found that physiotherapy and occupational therapy staff were working together to address the mobility needs of patients. Mobility aids such as Zimmer frames were placed close to patients so that they could use them without having to ask staff for assistance (in accordance with their assessed level of mobility). For patients who required assistance, they were also assisted to mobilise following an assessment of their requirements.

We looked at a sample of patient records on each ward and found evidence of attempts to revise generic care plans to reflect the provision of individualised care. The care plans also reflected the emphasis placed by staff on promoting people's independence based on their assessed abilities.

People's rights

We found that family/carers were able to provide patients with assistance and be involved in their care in accordance with their wishes and preferences. Such arrangements would be recorded in patients' notes. This was to ensure that all members of the ward team were informed.

Discussions with patients and staff revealed that there were set times for visiting. However, we were also informed that in instances when family members needed to travel long distances to the hospital, they were able to visit at any reasonable time. Staff also told us that relatives could stay with their family member if they were very unwell and were provided with armchairs if staying for prolonged periods.

The hospital also provided a chaplaincy service and had a small chapel. Visits were also made to each ward where required if patients were bed bound.

[6] Yellow helps highlight improvements for dementia patients.

Listening and learning from feedback

Conversations with staff indicated that there was a Patient Advice and Liaison Service (PALS) team based in the hospital. Their role was to ensure that there was an emphasis on obtaining people's views on the care and services provided to patients.

We were informed that any information obtained by the PALS team (whether positive or negative), was shared with ward teams. In addition, ward managers and staff encouraged patients to provide comments about their care on a monthly basis, the outcome of which was analysed, and appropriate action was taken wherever possible.

Staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected within their ward. The majority of staff also indicated that they received regular updates on the patient experience feedback and felt that it was used to make informed decisions within their area of work.

If a patient or relative/carer was not happy and wanted to make a complaint, we found that there was an absence of information displayed about the NHS (Wales) Putting Things Right[7] process on each ward. In addition, Putting Things Right leaflets were not readily available, and patients or visitors had to ask for one if required (if they knew they were available). This meant that patients and their families did not have clear information and the process, about how to raise any concerns/complaints they may have. However we were told that if a patient did complain, then they would be provided with a leaflet at that point.

[7] Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns within the NHS across Wales.

Improvement needed

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

- Patients and their families/ carers understand their rights in terms of raising concerns/complaints about NHS care and that posters are displayed and leaflets are readily available, to read and take away .

Delivery of safe and effective care

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

We identified some good processes in place in all wards we inspected such as, robust medicines management and pain assessment, and some significant work implemented to reduce the incidences of falls and pressure ulcers.

However, we were not assured that all the processes and systems in place in some wards we inspected, were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care. We identified a range of healthcare related issues on some wards, and the health board is required to address these issues.

Safe care

Our immediate concern regarding the resuscitation trolley not always being checked regularly, was dealt with under our immediate assurance process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Our additional immediate concerns that we identified, were also dealt with under our immediate assurance process and the details are also provided in Appendix B as above. These concerns were in relation to:

- The fire escape route for Ward 10, and staff from other departments using the Ward 10 corridor as a thoroughfare to other areas of the hospital
- The viability of certain medications to be administered to patients, that were stored in the drug fridge. There were no recent records to check if fridge temperatures were within an acceptable range for medication storage on Ward 10 and Ward 12.

Managing risk and promoting health and safety

We found that Wards 1 and 12 were clean and generally well maintained. However, on Ward 10, the environment did not always look clean and did not appear well maintained in all areas.

On all three wards, it was evident that there was a lack of sufficient storage space. The main corridors on the wards were being used to store equipment such as hoists, trolleys and monitoring equipment. Some manual handling equipment was also stored in the large patient shower rooms. However, staff informed us that during times when patients did use the shower, the equipment was moved out temporarily. Conversely, this temporarily added to the clutter already in the corridors. The lack of storage presented potential trip hazards to patients, visitors and staff.

We also found that one morning, a large amount of consumables were delivered to Ward 10 in boxes. These were stored within the ward corridors and were not moved until early evening. This further contributed to the equipment trip hazard.

On Ward 12 during the first day of our inspection, the house keeping staff emptied all the bins (clinical and domestic waste) and left these for some time in the corridors. Due to the nature of the patients' condition (elderly and most with dementia), this posed a significant risk of tripping, as well as a risk of potential cross infection.

Improvement needed

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

- The storage of equipment within the corridors and shower rooms is addressed appropriately
- The method used to store filled waste bags in the corridors until collection is reviewed to minimise the risk of tripping and cross infection.

Preventing pressure and tissue damage

Prior to the inspection, HIW had concerns with the number of serious incidents reported in relation to pressure related skin damage and the severity of the tissue damage. During the inspection, we reviewed a sample of patient care records on each ward. Within the records, we saw that patients had been assessed for their risk of developing pressure ulcers on admission to the wards. Nursing staff also demonstrated an understanding of the risks for developing pressure ulcers and the prevention of them.

Within the care records, we could also see that a risk assessment tool had been completed for each patient on each ward, and that care plans were in place for pressure ulcer prevention and management.

Ongoing assessments and care plans were good and well documented on Wards 1 and 12. However, there were issues with incomplete and inconsistent assessments and poorly completed documentation for patients on Ward 10.

The monitoring records on Ward 10 had not always been completed to demonstrate that nursing staff had regularly repositioned patients and checked patients' skin for signs of pressure and tissue damage. In addition, since care plans were not completed well, communication regarding some patients' care needs was poor. This meant that some patients remained at risk of developing pressure damage to their skin.

Specialist pressure relieving equipment (such as air mattresses and cushions) was available if required. Staff confirmed that they had always had enough pressure relieving equipment, when required.

The health board safety crosses[8] for monitoring incidences of pressure ulcers were clearly displayed near the entrance of wards, for patients, their family/carer and staff to see. These safety crosses provided information on the

[8] The Pressure Ulcer Safety Cross has a number of key aims: Raise awareness regarding how many pressure ulcers are acquired, improve patient safety, promote good practice, provide real time incidence data and to link the data to an improvement aim.

number of patients who had developed a pressure ulcer whilst on the ward during the current month.

Although the issues with assessment and documentation highlighted above for Ward 10 were evident during inspection, all three wards had made an improvement on the incidences that had occurred in recent weeks on the wards. Each ward had implemented an enhanced focus on prevention and management of pressure ulcers thus, a reduction in incidences, since submitting numerous serious incidents to the Welsh Government over the previous twelve months. This meant that patient care had improved in relation to the development and management of pressure ulcers.

Improvement needed

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

- Nursing staff regularly reposition patients and check the patients' skin for signs of pressure and tissue damage on the wards
- Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly.

Falls prevention

We reviewed a sample of patient records on each ward and saw that all patients had been assessed for their risk of falls.

We saw that assessments had been completed on admission for all patients on each ward. However, not all patient records we reviewed on Ward 10, had evidence that patients had been reassessed, or that the care records were updated during their stay.

We also identified an inaccurate assessment of one patient when reviewing the care records on Ward 10. The patient was assessed as not being at risk however, we found evidence that the patient was actually at a high risk of falls. This was reported the ward manager during inspection. This indicates an issue with knowledge and education around accurate falls assessment.

On Ward 1 and 12, where a patient was at risk of falls, individualised care plans were in place as appropriate and in compliance with the health board's policy.

However, on Ward 10, there was no evidence in the care records of care panning, and continuation of care for patients at risk of falls.

The manager for Ward 12 has provided falls training in-house, and a power point presentation was developed to present the training. This is also available for future reference to all staff. The content was very good and information was also displayed within the ward. Since staff invested time into the knowledge and education around falls, Ward 12 has seen a significant reduction in such incidences. It would be beneficial if this training and presentation is shared with other wards and departments across the health board.

As with pressure ulcer monitoring, safety crosses for the incidence of falls were displayed on all wards. These showed the number of patient falls that had occurred during the current month.

Improvement needed

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

- Nursing staff have re-assessed and updated risk assessments and care plans for patients at risk of falls, including any appropriate action taken to help prevent falls
- Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management.

Infection prevention and control

We saw that Wards 1 and 12 were clean and generally free of clutter to promote effective cleaning. However, as highlighted earlier numerous large equipment items such as hoists, were stored in the main corridors and bathrooms. Side rooms were also available to care for patients who required isolation to minimise the risk of cross infection.

There were a number of areas within Ward 10 where standards of cleaning appeared poor. This was evident within the corridor and some of the bays. There was also dust present throughout the ward and corridors. This all posed a risk for cross infection. In addition, there were insufficient sinks available for handwashing on Ward 10. Furthermore, within one bay, the environment was

cramped and chairs, and mobility aids were in front of the sink, preventing staff and patients using the sink to clean their hands.

Designated labels which were signed and dated to signify that equipment was clean and ready for use, were routinely used on Ward 1 and 12 (but not on Ward 10), to show that shared equipment, such as commodes and monitoring equipment, had been appropriately cleaned and decontaminated.

Personal protective equipment (PPE) such as; disposable aprons and gloves, was available, and was mostly being used appropriately to maintain effective infection prevention and control. Appropriate facilities were in place for the safe disposal of clinical waste, including medical sharps such as needles. Hand washing and drying facilities were available throughout the wards (although minimal on ward 10), together with hand sanitising gel. Effective hand hygiene is essential to help prevent cross infection.

Whist staff on all wards were using PPE, we saw a healthcare support worker on Ward 10 clean a bed and mattress wearing and apron and when finished, they immediately went to assist a patient in an adjacent bed area without removing the apron or sanitising their hands.

On both Wards 1 and 10, there was frequent evidence of non-compliance with the Bare Below the Elbow (BBE) policy by staff. The BBE policy enforces that all staff including the clinical and administrative teams, should not wear any clothing or jewellery (apart from a plain wedding band), below the elbow on to the ward, and particularly when in contact with patients. This is to maintain good infection prevention and control.

In addition, on Wards 1 and 10, we observed very little hand sanitising on entry to the wards or between patients. Whist we saw that this was frequent between all staff groups on Ward 10, this was mainly attributed to the medical teams and visiting specialist nurses on Ward 1, and not the substantive nursing staff teams on Ward 1. We saw evidence of good hand hygiene and BBE compliance on Ward 12.

We were told on one ward that BBE applies to all staff unless someone has tattoos on their arms, then they must cover these up. We also asked a consultant on another ward why mostly medical staff did not comply with the

BBE policy. We were told that they tried this previously, and it was found to be not necessary. This was because there had been no difference in incidences of infection in the ward area, whether complying with the BBE policy or not.

As with most hospitals, the wards displayed safety crosses as highlighted earlier for Clostridium Difficile (C. Diff)[9] and Methicillin-resistant Staphylococcus Aureus (MRSA)[10]. However, the information displayed was out of date on Ward 1 and 10.

Each of the three wards had previous cases of patients that acquired C. Diff on the wards within the last two years. In addition, at times each ward submitted serious incident forms to the Welsh Government where applicable. This was more recent (in the past six months), within Ward 12 and additional cases within Ward 10.

During the inspection, we did not check if patients with C. Diff had the same ribotype[11]. If ribotypes were the same, then this would signify cross-contamination between patients. This could possibly be from patient to patient contact, using the same facilities that were insufficiently cleaned, or carried from patient to patient themselves or via a member of staff. However, as stated, we did not check for this information.

Ward 10 also had serious incidents submitted to the Welsh Government for not only cases of C. Diff, but with incidences of patients with influenza. The infection issues on Ward 10 is a concern, particularly since none of the bays have doors on their entrance. A lack of doors makes it very difficult to contain

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[9] Clostridium Difficile (C. Diff) is a bacterium that can cause symptoms ranging from diarrhea to life-threatening inflammation of the colon. C. Diff is the main cause of antibiotic associated diarrhoea.

[10] Methicillin-resistant Staphylococcus Aureus (MRSA) refers to a group of gram-positive bacteria that are genetically distinct from other strains of Staphylococcus Aureus. MRSA is responsible for several difficult-to-treat infections in humans.

[11] Ribotyping is a molecular technique for bacterial identification and characterization. This can identify if the specific bacteria is the same between two or more patients and if so, this will signify that the bacteria is a result of cross-contamination. If the ribotype was different in each patient, then this would not be cross-contamination between two or more patients staying or stayed within the same environment.

the infection in a specific area thus, making it difficult to be assured that the infections had been eradicated during a deep cleaning process. Furthermore, since the ward admits patients with cancer, this increases the infection risk to those patients if immunocompromised[12]. We were told during the inspection that Ward 10 is due for a refurbishment in April 2019 as highlighted earlier.

Within the sample of patients' care records we reviewed, we saw that a sepsis[13] screening tool[14] was available within the All Wales National Early Warning Score (NEWS)[15] (patient vital observation charts). On discussion with staff, they were aware of the screening and reporting mechanism for sepsis. The actions required for a patient with sepsis were displayed in the treatment rooms. This aims to identify patients who may be developing sepsis, to ensure that prompt medical review and treatment could be commenced.

The hospital did not have separate wards for patients having planned orthopaedic surgery and patients admitted as a result of trauma injuries. Instead all orthopaedic patients were admitted to the same ward and were mixed together in the same bays (but separated in to male and female bays).

Mixing the admission types meant that planned orthopaedic patients requiring joint replacement (who are screened for their infection status prior to admission), would be placed next to a patient who may have been admitted as an emergency with trauma. The trauma patient would not have been screened for infection status until admission to the ward, and it would usually take a minimum of 48 hours for screening results to become available.

Mixing the bays with both elective and emergency admissions is not considered good practice. If the patients were on separate wards (as with most other UK hospitals' practice), this arrangement would help to promote effective infection,

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[12] Immunocompromised (or immunosuppression), is a condition in which the immune system does not work as well as it does in normal healthy people. Immune compromised people are at higher risk of illness and/or more serious side effects of illness caused by an infectious disease.

[13] Sepsis is a serious complication of an infection. Without quick treatment, sepsis can be life threatening.

[14] Sepsis Screening Tool

[15] National Early Warning Score (NEWS) charts.

prevention and control. If separate wards are not possible, then segregating elective joint replacement and trauma patients would be the next ideal situation. This is because planned admissions have been screened in advance for their infection status. This is particularly important for patients having planned joint replacement surgery, to minimise the risk of infection to the patient with a newly implanted joint.

Improvement needed

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

- Cleaning schedules are completed robustly and audits of environment are undertaken regularly
- All sinks in all clinical areas are accessible to staff and patients at all times
- Once decontaminated, equipment is highlighted as clean and ready for use
- All staff have updated knowledge and understanding in infection, prevention and control
- All staff comply with the Bare Below the Elbow policy
- Consideration of ribotyping cases of C. Diff to establish if any cross-contamination, and share results across all relevant teams.
- Consideration to the deep cleaning on Ward 10 is made in the interim, prior to moving out of the environment for refurbishment works
- Consideration is made to maintaining infection prevention and control of elective patients when admitted (for implanted prosthesis), or when trauma patients are admitted to the ward.

Nutrition and hydration

There was a process in place requiring staff to complete nutritional risk assessments for patients within 24 hours of admission. During review of the patient care records, this demonstrated that not all patients had been assessed within 24 hours of admission on Ward 1 and 10. However, all had been

assessed on Ward 12. In addition, with the exception of Ward 12, not all of the patients whose records we reviewed had been reassessed following admission.

Food and fluid charts were in place where required, to ensure that oral intake was monitored to maintain adequate hydration and nutrition. We found evidence of good practice where mealtimes were protected, to ensure that patients were not disturbed by staff or unnecessary visitors. In addition, health care support workers would follow the food trolley to support a patient (if required) with eating and drinking.

Most patients told us that they had a choice of meals each day and were happy with the food, other than that highlighted earlier in the report. In addition, patients did not have to wait long to be served with their meal and all staff were seen to be very helpful.

All patients had water jugs and drinks were placed within easy reach where appropriate, and patients were helped to sit in an upright position to eat and drink.

Improvement needed

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

- Nursing staff have completed nutritional risk assessments for patients and reassessed patients as appropriate.

Medicines management

We considered the arrangements on each ward for medicines management. For this we inspected the areas that staff stored medication and also the preparation of medication at ward level and the prescription and administration process.

The All Wales Drug Charts on each ward were completed correctly. They were consistently signed and dated when prescribed and administered. The patient names were recorded throughout and it was clear in what had been administered. In addition if prescribed medication was not administered, a reason was clearly recorded.

Both Wards 10 and 12 had a dedicated ward based pharmacist and Ward 1 had a pharmacist that would visit daily. The arrangements for accessing

medicines out of hours was described to us and was consistent with the local policy for this.

Where oxygen was required for patients, all administered oxygen was prescribed appropriately, and the administration of oxygen was being monitored and recorded on the All Wales Drugs Chart.

Intravenous fluids were appropriately prescribed when required, and they were also being monitored and recorded on the All Wales fluid prescription chart.

The health board medicines management policy was available electronically and also stored in a file on each ward.

We asked staff to accompany us in the medicines room and we spoke to nurses regarding medicines management. All drugs, including controlled drugs, were stored securely. They were in locked cupboards and secured medication trolleys. Fridges were also locked as were bedside lockers, if any medication was stored within these.

All controlled drugs were recorded and signed for correctly and there was a regular daily stock check of controlled drugs.

Fridge temperatures were monitored consistently each day on Ward 1 however, they were not on Wards 10 and 12. This issue has been addressed through our immediate assurance process which can be seen in Appendix B.

We observed medication rounds on the ward. All patients were wearing correct identification bands. These were checked by the nursing staff for any patients who lacked capacity (such as dementia patients), before administering medication.

Patients were positioned appropriately in readiness for medication and medicines were checked and administered to patients appropriately. Where required, patients received support to take their medication. Patients could also self-medicate if they were assessed and it was documented that they were appropriate to do so. There was a good system for safe, calm administration of medicines on each ward, where the registered nurses were wearing a red tabard and it was communicated to all staff that they must not be disturbed during this process.

Drug trolleys were not left unattended at any time during the medicines round that we observed, and we did not see any medication left on patient lockers.

Overall there appeared to be a safe and robust process on each ward for medicines management.

Safeguarding children and adults at risk

The health board had a policy and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. Training for safeguarding children and adults was mandatory and there were adequate processes in place to ensure staff completed training and training updates.

Patients said they felt safe and would be comfortable in speaking to a member of staff if needed. Conversations with staff in ward areas showed that they had an awareness of safeguarding procedures, including how they would report any alleged suspicions or known incidents of abuse.

Comments from ward staff that completed a questionnaire said that they were encouraged to report any patient safety issues, incidents and safeguarding concerns. This indicates a positive reporting culture that promotes patient safety.

During our inspection, there was one patient who required one to one nursing support on Ward 12. This meant that a health care assistant was required to remain with the patient 24 hours a day, to maintain their safety and well-being, and prevent them wandering and harming themselves (as a high risk of falls), due to lack of mental capacity.

Any patient requiring this level of observation, and is therefore deprived of their liberty, requires a mental capacity assessment[16] under the Mental Capacity Act 2005[17]. If it is identified that a patient lacks capacity, then staff need to complete a Deprivation of Liberty Safeguarding (DoLS)[18] application and referral to the

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[16] Mental Capacity Assessment - The Mental Capacity Act states that a person lacks capacity if they are unable to make a specific decision, at a specific time, because of an impairment of, or disturbance, in the functioning of mind or brain. An assessment is required to determine this.

[17] Mental Capacity Act 2005 - The Mental Capacity Act 2005 is an Act of the Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

[18] DoLS - The Mental Capacity Act Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect vulnerable adults, who may become, or are being deprived of their liberty in a care home or hospital setting. These safeguards are for people who lack capacity to decide where they need to reside to receive treatment and/or care and need to be deprived of

independent mental capacity advocate (IMCA)[19], and an appropriate care plan to accompany this. This must then be available within the patient notes.

We identified clear evidence that an assessment was carried out with the relevant patient on Ward 12, and this was documented appropriately within the patient record. Discussions with registered nursing staff also highlighted that if trained and deemed competent to do so, they could also complete mental capacity assessments however, doctors are mostly present and readily available to do this.

The patient record contained the relevant care plan for DoLS, and a record of the referral to the IMCA.

There were magnetically locked doors to the entrance of Ward 12 which would preventing patients from leaving however, if a patient had capacity along with visitors, they could access the passcode to leave the ward voluntarily. For safety reasons, if the fire alarm sounded, then the magnetic lock on the doors would automatically be released.

Blood management

During the inspection we did not observe any patients requiring a blood product transfusion. It was also very infrequent for a patient to need a blood transfusion on Ward 12. Ward 1 and particularly on Ward 10 often transfused blood products to patients. The staff we spoke to were adequately trained and competent for transfusion, and they were equally aware of the All Wales Blood Product prescription and transfusion process.

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their liberty, in their best interests, otherwise than under the Mental Health Act 1983 (MCA Code of Practice). The safeguards came into force in Wales and England on the 1st April 2009.

[19] The local authority, or the NHS decision maker must make a referral if a patient is un-befriended (has no 'appropriate' family and friends who can be consulted), and has been assessed as lacking the capacity to make a decision about: Serious medical treatments, Long-term moves (more than 28 days in hospital or more than 8 weeks in a care home) and Deprivation of Liberty Safeguards (DoLS).

Medical devices, equipment and diagnostic systems

We saw that the wards had a range of equipment such as, emergency equipment, patient monitoring equipment, joint cooling equipment (for pain and swelling on Ward 1 for patients following joint surgery), pressure relieving mattresses and moving and handling equipment. These all appeared visibly clean and well maintained.

We considered the arrangements for the checking of resuscitation equipment on all wards. Ward 1 and 10 records had been maintained periodically for equipment checks by staff however, there were a number of gaps in the records. This indicated that the resuscitation trolley had not always been checked regularly, as required by local policy. The lack of regular checks meant that there was a potential risk for the resuscitation trolley not being sufficiently stocked or safe to use in the event of a patient emergency (such as collapse).

Our concerns regarding resuscitation equipment checks were dealt with under our immediate assurance process. Details of the required immediate improvements are provided in Appendix B.

Effective care

Safe and clinically effective care

We saw that in-patients on each ward appeared comfortable and well cared for. We also saw good evidence of medical assessment and treatment plans on each ward. The care observed on Ward 10 was not however, always reflected within the patients' nursing records.

In addition to our findings in relation to preventing pressure and tissue damage and nutrition and hydration, written assessments in relation to patient's pain had always been completed within the patient care records that we reviewed.

There was evidence that pain was being assessed, relieved with medication and evaluated. There were pain assessment tools in place to support this. Patients also had up to date pain scores. In addition, pain was being managed with suitable analgesia, and was administered as prescribed on a regular basis.

There was a good overall management of pain on all three wards.

We also saw that care bundles[20] for managing sepsis were available on all wards if required, for effective treatment of sepsis. We saw that information around sepsis was displayed on an information board within each ward. We also saw up to date information displayed around falls prevention and management and pressure ulcer prevention and management, on wards 1 and 12.

Quality improvement, research and innovation

On Ward 12, discussions with the ward manager revealed that the ward team, together with medical staff, were members of a quality improvement group which was led by one of the Consultant medical staff.

The ward manager had recently developed a training package for the prevention and management of falls. Part of this also implemented the use of falls stickers on patients' notes (following risk assessment) and on the PSAG boards. This was to highlight the need for measures to prevent falls, for example, blood pressure checks, ensuring that patients' footwear was appropriate and the involvement of physiotherapy and occupational therapy staff in patients' care.

There was a very good dementia friendly day room (still being refurbished and due to open fully before the end of December 2018. The room was located off the Ward 12 corridor, and featured décor inspired by the 1950s. The ward manager told us that since a stay on a hospital ward can be particularly bewildering for patients with dementia, they wanted to create a quiet and positive space where patients and their relatives could relax, during what can be a really confusing time.

In addition to the above, the Ward 12 manager told us that all wards undertake monthly care audits, if Ward 12 had a period of scoring low in a particular area, they would have an emphasised topic of the month following that score, to ensure they revisit the area of need with all staff members. There was also

[20] A care bundle is a set of interventions that, when used together, significantly improve patient outcomes

good engagement with the ward staff and medical teams that frequent the ward, in enhancing and improving patient care on Ward 12.

Information governance and communications technology

There was a system in place which aimed to ensure patient data was effectively and safely stored. This was good electronically however, on both wards 1 and 10, patient notes were not always stored securely. Patient case notes were stored in a designated notes trolley and they were lockable to prevent inappropriate or unauthorised access to the notes. However, they were often left open and unattended. This increased the risk of breaching patient confidentiality and inappropriate and unauthorised access to patient data.

Improvement needed

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

- Patient identifiable data and care records are kept securely at all times.

Record keeping

Patient care information was found to be recorded in three separate places (medical notes, some nursing notes at the bedside and more sensitive information held at the nurses' station). Substantive staff we spoke with did not find this arrangement to be difficult in any way.

Our overall findings in relation to record keeping within patient case notes, have been described in various sections throughout the report. As previously highlighted, we looked at a range of assessment tools, checklists, monitoring charts, care plans and evaluations of care both in written patient case notes and electronically for nursing, medical and other health care staff.

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.

Senior medical and nursing staff were visible during our inspection and staff were striving to deliver a good quality, safe and effective care to patients within very busy wards.

We also found evidence of good leadership and management amongst nursing and medical teams within some, but not all, environments. Ward staff were mostly positive within the HIW staff questionnaires and those who we spoke to, regarding their ward managers and the support they received from them.

Due to our findings with patient acuity and the complexity of needs, combined with a large number of vacancies in some areas, there was a need to utilise a high number of temporary staff (bank and agency). Therefore, staffing levels and skill mix were not always appropriate to the identified needs of patients in all wards.

We had concerns that there were some recurring low scores within the monthly care audits on some wards in the hospital, which appeared not to be improving. In addition, concerns were raised to us within the staff questionnaires that some errors, near misses or incidents could have hurt staff or patients. Furthermore, there was a perception by some staff, that the organisation would blame or punish the people who are involved in clinical incidents.

Governance, leadership and accountability

During our inspection, we invited staff working on the units to provide their comments on topics related to their work. This was done mainly through a HIW questionnaire but we also spoke to a small number of staff working on the days of our inspection. In total, we received 14 completed questionnaires across the three wards. These were received from staff undertaking a range of roles on the wards. Staff completing the questionnaires had worked on the units ranging from a few months to over 10 years.

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

A full time ward manager was in post for all three wards, and they were responsible for the management of their ward and the staff working within them. There was also senior nurse management support (line managers to the ward managers), and they also had numerous responsibilities throughout the hospital.

Staff we spoke to, told us that they felt supported by their ward managers on each of the three wards. On Ward 1 and 12, this was also reported of most of their colleagues. However, low morale and motivation was evident on Ward 10 where there seemed to be issues with the behaviour and attitudes by some members of staff.

Most staff who completed a HIW questionnaire told us that their manager encourages team working and either always or usually gives clear feedback on their work, and asks for their collaborative opinion before decisions were made that affect their work.

Staff were asked within the questionnaire about their immediate manager, and the feedback received was positive. One staff member provided the following comment:

> *"Very approachable and very fair. Supportive and very understanding. Good team player"*

Most staff members agreed that their manager always encourages those that work for them to work as a team and that their manager was always supportive in a personal crisis.

Staff also felt that their managers give clear feedback on their work and asks for their opinion before decisions were made that affect their work, and can always be counted on to help them with a difficult task at work.

Senior staff confirmed that a process of regular monthly audit activity was in place, so that areas for improvement could be identified and addressed as appropriate. Examples of audit results were provided and included activity in relation to nursing documentation, infection prevention and control, medicines management and incidence of complaints and compliments, amongst others.

We saw that audit results were generally good for Ward 12 however, a number of improvements were required to improve care related scores within Ward 1 and Ward 10.

Senior Nursing staff told us that when results were lower than expected, the ward manager was expected to share any good practice for two areas with highest scores, and also to focus on two areas with an action plan to generate improvements by the following month. However, we could see a trend in some wards' results (which included Ward 1 and 10), where there were minimal improvements with scores for some areas of care audit.

Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. We also saw minutes of staff meetings from Ward 12, where findings from audit activity were shared with a view to making improvements as appropriate. There were minimal meetings held on both ward 1 and 10, and the managers told us that they found it difficult to release staff to attend meetings, and many staff who were not working, did not turn up for meetings.

Given our findings in relation to some of these areas above, the health board must review its approach to aspects of the audit process to ensure that quality and safety issues on all wards are addressed. In addition, follow-up on actions set to the relevant ward managers, should be undertaken to assess the reasons why there are some areas of care audited, where there has been minimal improvement.

Senior staff described the system for reporting and investigating patient safety incidents. Arrangements were also described for providing reports and action plans to senior managers within the health board to promote service improvements.

More than three quarters of the staff told us in the HIW questionnaires that they had seen errors, near misses or incidents in the last month, that could have hurt staff or patients. One staff member commented:

> *"Too many incidents to comment on. We have confused and aggressive patients here all the time for many medical reasons. There are not enough staff to give them or our colleagues the support that is needed"*

Staff that completed a questionnaire agreed that the organisation encourages them to report errors, near misses or incidents, and felt that when they are reported, the organisation would take action to minimise the risk for the issue not to happen again. A quarter of staff that answered this particular question in

the questionnaire disagreed that the organisation treats staff who are involved in an error, near miss or incident fairly.

Staff indicated that they felt the organisation would treat any error, near miss or incident that is reported confidentially; however, over a third of the staff felt that the organisation would blame or punish the people who are involved in such incidents. One staff member provided the following comment:

> *"Nurses held to a higher level of scrutiny and account to other professions. Staff not blamed or punished but individuals may be faced with disciplinary action"*

Most staff told us in the questionnaires that they were informed about errors, near misses and incidents that happen in the organisation, and given feedback about changes made in response to such incidents.

The majority of staff members that completed a questionnaire reported that they always knew who the senior managers were in the organisation. Staff members that completed a questionnaire felt that on the whole, senior managers were committed to patient care. Most staff members also told us that there is generally effective communication between senior management and staff, and said that senior managers do regularly involve staff in important decisions and act on staff feedback.

Nine out of the fourteen staff members that completed a questionnaire said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

During the inspection and at our feedback session at the end of the inspection, senior staff present demonstrated a commitment to learn from the inspection and to make improvements as appropriate.

Improvement needed

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

- The issues identified with low morale and motivation and some staff behaviours and attitudes on Ward 10 or any other departments are explored and addressed where appropriate
- Persistent low scores within the monthly care audits are addressed to

ensure an improvement is made where appropriate

- Ward staff are able to attend regular ward meetings
- Investigation is undertaken into errors, near misses or incidents in the last month that could have hurt staff or patients
- Investigation is undertaken in to the reasons why there is a perception by some staff, that the organisation would blame or punish the people who are involved in such incidents
- All staff are made aware of the revised Health and Care Standards that were introduced in April 2015.

Staff and resources

Workforce

We found that there were numerous registered nurse vacancies on Ward 1 and 10. In addition, there were vacancies on each ward for Health Care Support Workers (HCSWs).

As a result, both Wards 1 and 10 were heavily reliant on temporary staffing. This included bank and agency nurses and HCSWs, to ensure adequate care was implemented to patients, and in line with compliance of the Nurse Staffing (Wales) Act 2016. Every attempt was made to secure the same group of nurses/support workers maintain some consistency and continuity of care to the clinical areas concerned.

Where it wasn't possible to secure additional registered nursing staff, the health board provided wards with an increased number of HCSWs (if they were available). However, due to the ongoing unpredictable, complex needs of some patients on some wards, HCSWs were limited in their role therefore, additional work was required and expected of the existing registered nurses.

The senior nursing teams would also risk assess acuity and dependency in all areas to establish the greatest need for qualified staff. Some registered nurses were also moved to other wards or departments at times, if the patient acuity was deemed higher than their own ward area.

The above longstanding issues were reported by staff, to have existed for 12 - 24 months, and had resulted in reduced team-working and increased pressure on substantive registered nurses, particularly within Ward 10. This was because

substantive staff frequently had to support temporary staff to familiarise them with the ward, hospital and health board practice and policies.

In addition, agency nursing staff were often unable to fulfil their role, as they were unable to undertake a number of care interventions which included blood glucose testing (in respect of diabetic patients), and in some instances, could not administer intravenous medication. This may have impacted negatively on the delivery of safe, prompt and effective care.

Based on our overall inspection findings, there was evidence to suggest that staffing levels and skill mix were not appropriate to the identified needs of patients. The health board had acknowledged this issue, and in some wards at the hospital, had reduced their bed numbers temporarily, until wards could recruit more permanent members of staff.

The majority of staff members neither agreed nor disagreed when asked in the HIW questionnaires whether in general, their job was good for their health. However, staff members agreed that their immediate manager takes a positive interest in their health and well-being, but neither agreed nor disagreed that their organisation takes positive action on health and well-being.

Senior managers and ward staff confirmed that there was a staff appraisal process in place, for ward managers to monitor and discuss individual's progress, performance and identify any individualised or team training needs. However, ward managers did not always have sufficient time to complete all required appraisals in a timely manner. This was because the ward managers often worked clinically and were allocated a number of patients due to staffing issues. We also found that staff often could not be released from their clinical duties to attend mandatory/other relevant training due to staffing issues and patient acuity.

The majority of staff who completed a HIW questionnaire stated that the last time they had undertaken training or learning and development in areas such as health and safety, and the privacy and dignity of older people, was within the last year. Staff also indicated that the training or learning and development they had completed to date helped them to stay up to date with professional requirements and ensured that they delivered a better experience for patients.

Almost a third of staff members that completed a questionnaire told us that they had not had an appraisal, annual review or development review of their work in the last year. However, with staff who had an appraisal, they said that where training, learning or development needs were identified, over half told us in the questionnaires that their manager always supported them to try and achieve these needs.

Improvement needed

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

- A robust plan for recruitment is in place to maintain compliance with the Nurse Staffing (Wales) Act 2016
- A robust process is in place to manage temporary staffing requirements to maintain compliance with the Nurse Staffing (Wales) Act 2016
- A robust process is in place to ensure all staff have the opportunity to have a formal personal annual appraisal.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the Health and Care Standards 2015. We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about how HIW inspects the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Hospital Inspection: Immediate improvement plan

Service: Withybush General Hospital

Area: Ward 1, Ward 10 and Ward 12

Date of Inspection: 20 - 21 November 2018

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
Quality of patient experience				
No immediate improvement needed				
Delivery of safe and effective care				
The health board is required to provide HIW with details of the action it will take to ensure that: **Resuscitation equipment/medication is always available and safe to use in the**	**Standard 2.6 and 2.9**	A review exercise of each inpatient area, Acute Clinical Decisions Unit,	**Head of Nursing**	**Complete**

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
event of a patient emergency on Ward 1, Ward 10 and within all other wards and departments across the health board.		Emergency Department and Medical Day Unit will be undertaken to check overall compliance with the required checking standard has been undertaken. Ward / Department sisters will be written to and reminded to ensure robust measures are in place to facilitate the required daily checks. A weekly spot check audit programme will be established for one month, to reduce gradually to a minimum of monthly once compliance assurance has been demonstrated (to be overseen by Senior Nurse Managers).	**(Pembrokeshire)** **Head of Nursing (Pembrokeshire)** **Head of Nursing (Pembrokeshire)**	**Complete** **07/12/18**
We identified two issues relating to maintaining the safety of patients, staff and visitors in relation to the bed evacuation lift escape route: 1. In the event of a ward fire, there was a significant risk that anyone not in possession of a lift key that was evacuating to the bed lift area, could not access/operate the lift. Therefore, they	**Standard 2.1 and 2.4**	This is a restricted use lift which requires the user to possess a swipe card in order to operate it (Operators Guide embedded). In an emergency situation this lift can be switched into		

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
could not escape. There was also no means of alerting anyone, once within that corridor or lift area. There were also fire doors at the entrance to this corridor, which may prevent anyone knowing that there may be people trapped within that area. There were two six bedded bays between the nurse base and the external double doors and bed escape lift routes. Fire escape route signs within the ward, directed people to the bed escape lift. This route was also within the ward evacuation plan, as first		evacuation mode and used by persons trained to do so. At Withybush General Hospital (WGH) the Senior Porter on duty and his two colleagues make up this team all of whom carry a switchover key. Therefore in the event of a fire within Ward 10 and instruction was given to fully evacuate the ward, the afore mentioned team would immediately perform this duty. This area is not usually populated by staff apart from when accessing the lift however if an evacuation was being undertaken one member of the lift operating team would be present in the lift lobby and in constant communications with other team members via the lift intercom system. The Ward 10 evacuation plan (embedded) lists the preferred escape route as via the main entrance door into the ward. Should this be unavailable then the alternative route utilising the escape lift is listed as the next option. Should this lift be out of action then, as		

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
point of exit for that area of the ward. However, as above, for those without a key, there were no means of escape on this designated bed evacuation lift escape route. **The health board is required to provide HIW with details of the action it will take to ensure that:** • **The fire escape route and the ward plan for evacuation to the bed lift and the means of alerting others once in this area, is reviewed to ensure the safety of all staff, patients and visitors at all times**		a last resort, the external route across the plant deck would be used. The current fire evacuation plan is to be reviewed by the fire officer, MWWFRS, NWSSP (Fire Safety Authorising Engineers) and Site Operations Manager. A swipe card to enable emergency access to this evacuation lift will be placed behind a 'break the glass' receptacle by the lift door. Indications for use will be placed on the wall. In the event that individuals find themselves there with no means of escape then the lift can be accessed by utilising this card.	**Head of Site Operations & Fire Officer** **Head of Site Operations**	**Complete** **07/12/18**

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
• **The use of the bed evacuation lift by staff from other departments, as a thoroughfare through ward 10 corridor to other areas within the hospital is reviewed.**		All Departments within the hospital will be informed that this fire evacuation lift is not to be used to access Ward 10 with subsequent use of the ward as a thoroughfare. Access to this lift will be restricted to authorised staff so as to ensure access to Ward 10 being used as a thoroughfare will cease.	**General Manager** **Head of Site Operations & Head of Risk/Health & Safety**	**03/12/18** **07/12/18**
The health board is required to provide HIW with details of the action it will take to ensure that: **Medication is stored safely and at the correct temperatures on Ward 10 and Ward 12 and within all other wards and departments across the health board.**	**Standard 2.1, 2.6 and 2.9**	A scoping exercise is to be undertaken across the hospital site to review the presence of thermometers in medication storage rooms as well as evidence of room temperature recording. An order is to be placed for thermometers on the WGH site, to ensure all areas are appropriately equipped. The medication fridge temperature recording sheet is to be revised so as to include room temperature recording	**Head of Nursing** **Head of Nursing** **Head of Nursing**	**Complete** **Complete** **Complete**

Improvement needed	Regulation / Standard	Service action	Responsible officer	Timescale
		and renewed monthly. A letter is to be sent to ward sisters highlighting the concerns and immediate actions required. A member of staff will be allocated the responsibility by the ward sister, on the roster, of checking the temperatures on a daily basis. A spot check audit programme is to be established within each ward area in WGH. The Head of Nursing is to write to all other Heads of Nursing & relevant Departments within the Health Board informing them of these findings, the actions taken and the urgent need for them to seek assurance that all medication storage rooms & fridges have thermometers in place and temperatures are being recorded on a daily basis.	**Head of Nursing** **Head of Nursing** **Head of Nursing**	**Complete** **Complete** **Complete**
Quality of management and leadership				
No immediate improvements identified				

Health Board Representative:

Name (print): **Janice Williams**

Role: **Head of Nursing, Withybush Hospital**

Date: **28 November 2018**

Appendix C – Improvement plan

Hospital: Withybush General Hospital

Ward/department: Ward 1, 10 and 12

Date of inspection: 20 - 21 November 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board is required to provide HIW with details of the action it will take to ensure that:	4.1 Dignified Care			
Patients are reminded of and encouraged to use the designated toilet/ shower rooms that they should be using		Clear, dementia friendly signage to be placed on each patient toilet / shower room across hospital.	Head of Nursing, WGH	30/04/19
Consideration should be made to the toilet area designated for both male and female patients on ward 12, to ensure that this area is designated for		Environmental review of toilet facilities to be undertaken on ward 12 with designated single sex facilities to be	Head of Nursing, WGH	31/01/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
either male or female patients and not for both		agreed.		
Ensure documentation is robust in relation to continence assessments and requirements on all wards throughout the health board.		Bi-monthly documentation audits to be continued across all inpatient and assessment units.	Heads of Nursing – each acute & community hospital site	Complete
The health board is required to provide HIW with details of the action it will take to ensure that:	4.2 Patient Information			
Signage at the hospital is reviewed to ensure it is easy to navigate for all patients and visitors to the hospital		Signage to be reviewed, to include patient representation of those with visual impairment and alterations agreed as appropriate.	Head of Site Operations	30/04/19
The announcement in the lift is repaired/ corrected to ensure that is highlight the correct floor when stopping		Lift to be repaired.	Head of Site Operations – Estates Dept	31/01/19
Staff document details of verbal discussions around treatment plans to ensure consistent communication through the teams prior to surgery or for consent appropriate procedures.		Reminder to be disseminated to staff through department leads. Memorandum to be issued.	Head of Nursing & Hospital Director, WGH	31/01/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action it will take to ensure that: All staff must ensure that they make every attempt to maintain patient privacy and confidentiality when communicating their care amongst team members.	3.2 Communicating effectively	Information Governance (IG) code screen saver to be activated in January 2019 and to be communicated to all UHB staff via a Global Email with supporting information/further detail	IG Manager, WGH	31/01/19
		Develop a simple briefing on the IG Code, including advice on confidentiality and information risks, highlighting the security of patient identifiable information (PII) and care records that ward staff are to ensure that lockable PII units within the wards are locked or during busy periods where they are in constant use, they are supervised at all times and the lids closed to prevent unauthorised access.	IG Manager, WGH	31/01/19
		The IG Code briefing (see action above) to be included in the ward/department sister meetings and circulated to all ward sisters, copied to the IG Manager.	Head of Nursing, WGH	31/03/19
		IG team to email Head of Nursing, WGH for assurance that action above has been completed	IG Manager, WGH	30/04/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is required to provide HIW with details of the action it will take to ensure that: Communications are made with ward staff to establish why they are not always able to meet all the demands on their time at work, and the impact this has on their ability to plan and implement timely and individualised care.	5.1 Timely access	Ward Sisters and Nurse in Charge to check staff well-being at the end of each shift. Details to be fed back to Sister or Senior Nurse Manager as appropriate. Themes will be discussed in sisters meetings with any necessary actions agreed. All incident reports relating to staffing shortfalls to be scrutinised through the monthly Health & Care Monitoring Standards meetings	Head of Nursing, WGH Head of Nursing, WGH	31/01/19 28/02/19
The health board is required to provide HIW with details of the action it will take to ensure that: Patients and their families/ carers understand their rights in terms of raising concerns/complaints about NHS care and that posters are displayed and leaflets are readily available, to read and take away .	6.3 Listening and Learning from feedback	All areas to have 'Putting Things Right' leaflets & posters displayed for patient, carer and family information.	Head of Nursing, WGH & Patient Advice & Support Service	31/01/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The health board is required to provide HIW with details of the action it will take to ensure that: The storage of equipment within the corridors and shower rooms is addressed appropriately The method used to store filled waste bags in the corridors until collection is reviewed to minimise the risk of tripping and cross infection.	2.1 Managing risk and promoting health and safety	Senior Nurse Managers to attend next Credits 4 Cleaning Audit joint walk around with hotel facilities supervisor and estates representative to scope and document storage issues in each area. Skip to be obtained by estates dept to enable areas to clear equipment to be condemned and create space. Review of waste storage to be undertaken, necessary containers provided and standards reinforced.	Head of Nursing, WGH & Head of Site Operations Head of Site Operations Head of Site Operations & Hotel Facilities	31/03/19 31/03/19 28/02/19
The health board is required to provide HIW with details of the action it will take to ensure that: Nursing staff regularly reposition patients	2.2 Preventing pressure and tissue damage	Pressure area care training sessions to	Head of Nursing,	31/07/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
and check the patients' skin for signs of pressure and tissue damage on the wards Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly.		continue on a monthly basis until all nursing staff on Ward 10 have attended. Sisters to ensure staff attend. Spot checks on intentional rounding to be coordinated by ward sisters. Documentation audit to continue bi-monthly with themes discussed in monthly health & care monitoring standards scrutiny meeting.	WGH & Tissue Viability Nurse Head of Nursing, WGH	Process in place – complete
The health board is required to provide HIW with details of the action it will take to ensure that: Nursing staff have re-assessed and updated risk assessments and care plans for patients at risk of falls, including any appropriate action taken to help prevent falls Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management.	2.3 Falls Prevention	Quality Improvement Programmes to be fully established within Wards 1, 10 &12 which are expected to result in a sustained reduction of inpatient falls. Put in place a training programme around falls risk assessment & management. Put in place a training programme around falls prevention to include lying & standing blood pressure, visual checks, medication reviews, footwear checks and bedside environment reviews. Falls management to be monitored in	Head of Nursing, WGH Head of Nursing, WGH Head of Nursing,	31/05/19 31/05/19 31/05/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		the monthly Health & Care Monitoring Standards scrutiny meeting through monthly falls incidence reporting, time of day falls and severity of harm. Ward 10 falls incidence and management will also be monitored through the Ward 10 Governance Group.	WGH	
The health board is required to provide HIW with details of the action it will take to ensure that: Cleaning schedules are completed robustly and audits of environment are undertaken regularly All sinks in all clinical areas are accessible to staff and patients at all times Once decontaminated, equipment is highlighted as clean and ready for use	2.4 Infection Prevention and Control (IPC) and Decontamination	Monthly cleaning schedules audit to be undertaken as part of the Health & Care Monitoring Standards Audit and triangulated with Infection Prevention Quarterly Quality Indicator Audits and Environmental Credits 4 Cleaning Audits. Reminder to be sent to senior sisters of the importance of ensuring access to sinks is maintained at all times. Weekly spot checks, across Wards 10 & 12, to be implemented by the clinical site management team to monitor compliance out of hours. Findings to be fed back to individual ward sisters immediately following the check. This process to be reviewed after 6 weeks to determine need to continue depending	Head of Nursing, WGH Head of Nursing, WGH Head of Nursing, WGH	Complete – process in place 31/01/19 31/01/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
All staff have updated knowledge and understanding in infection, prevention and control		upon findings. Spot check audit of Clinical Hand wash sink access to be completed by the Infection Prevention (IP) team, to be triangulated with site management team audit findings. Reminder to be sent to senior sisters of the standards expected in decontaminating equipment following use. Reinforce use of Clinell tape to note date of decontamination and ensure signature is present for accountability. Infection Prevention & Control training compliance report to be issued to each area. All nursing staff to be booked to attend / undertake electronic Infection Prevention & Control training updates. IP Team to arrange additional ward based training for Wards 1, 10 & 12 to capture staff that struggle with e-	 Infection Prevention Nurse Head of Nursing, WGH Head of Nursing, WGH Head of Nursing, WGH Infection Prevention Nurse	 28/02/19 28/02/19 Complete 31/01/19 31/03/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		learning.		
		Standard to be reinforced with all staff who access clinical areas through dept leads.	Head of Nursing & Hospital Director, WGH	28/02/19
		Address standards as part of Infection Prevention Team Action Plan (Submitted to IP Sub Committee 18/01/19 for approval).	Infection Prevention Nurse	Complete
All staff comply with the Bare Below the Elbow policy		Link with DEB company to support posters for Bare Below the Elbow (BBE).	Infection Prevention Nurse	28/02/19
		Circulate BBE Letter to staff from Chief Medical Officer/Chief Nursing Officer.	Infection Prevention Nurse	31/01/19
		Application to Charitable Funds Committee for additional training kits and files for Hand Hygiene to support Link Nurse Training.	Infection Prevention Nurse	31/01/19
		Produce additional training kits and files for Hand Hygiene to support Link Nurse Training	Infection Prevention Nurse	31/03/19
Consideration of ribotyping cases of C. Diff to establish if any cross-contamination, and share results		Process in place: This is routinely reviewed in every case and fed back accordingly.	Infection Prevention Nurse	Complete – process in place

Improvement needed	Standard	Service action	Responsible officer	Timescale
across all relevant teams.		All Healthcare Associated Infections (HAI) cases to be discussed in Integrated Locality IP Meetings.	Infection Prevention Nurse	Complete – process in place
		Previous cases on ward areas to always be considered as part of all Root Cause Analysis (RCA).	Infection Prevention Nurse	Complete – process in place
		Any periods of increased incidence to be reported to Welsh Government and possibility of cross infection considered in all cases.	Infection Prevention Nurse	Complete – process in place
Consideration to the deep cleaning on Ward 10 is made in the interim, prior to moving out of the environment for refurbishment works		Thorough cleanliness audit undertaken with senior nursing, infection prevention, hotel facilities and estates team and immediate concerns acted upon. Report to follow.	Infection Prevention Nurse, Head of Nursing & Head of Facilities	Complete
Consideration is made to maintaining infection prevention and control of elective patients when admitted (for implanted prosthesis), or when trauma patients are admitted to the ward		Ward Sister to review potential to allocate elective admissions for joint replacements into a designated area within Ward 1.	Head of Nursing, WGH	28/02/19
		A ward operational policy will be developed to reflect this review.	Head of Nursing, WGH	31/05/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board is require to provide HIW with details of the action it will take to ensure that: Nursing staff have completed nutritional risk assessments for patients and reassessed patients as appropriate.	2.5 Nutrition and Hydration	Monthly nutritional screening and assessment compliance audit to be undertaken as part of the Health & Care Monitoring Standards and reviewed within the County Nutrition & Hydration Group. The Dietetic teams to undertake widespread refresh training regarding the use of the Nutrition risk assessment tool. The objective for the training is to enhance the accuracy and effectiveness of completed nutrition risk assessment/ screening; aiming to achieve optimum and appropriate patient centred action being taken. Review the monthly record keeping study day for Registered nurses and Healthcare Support Workers (HCSWs); and the Skills2Care training programme for HCSWs, to now include updated and additional opportunities for participants to focus on Patients' nutrition risk assessment and care needs and accountability for practice.	Head of Nursing, WGH Joint Head of Dietetics Head of Learning and Development	Process in Place – Complete Completed Complete - Process in place.
The health board is required to provide HIW with	3.4 Information Governance and	All areas have keys to lockable notes storage trolleys	Head of Nursing, WGH	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
details of the action it will take to ensure that: Patient identifiable data and care records are kept securely at all times.	Communications Technology	Nursing staff to be reminded of information governance standards through sisters' meetings Head of Nursing to request that supervisors and managers ensure their staff are compliant with their mandatory Information Governance e-learning and provide evidence of this. Discuss and agree ways to improve security of patient identifiable data whilst in use on busy ward areas at Information Governance Sub-Committee (IGSC).	Head of Nursing, WGH Head of Nursing, WGH IG Manager, WGH	28/02/19 30/04/19 30/04/19
Quality of management and leadership				
The health board is required to provide HIW with details of the action it will take to ensure that: The issues identified with low morale and motivation and some staff behaviours and attitudes on Ward 10 or any other departments are explored and	Governance, Leadership and Accountability	Team 'away' days arranged for November 2018 where all nursing staff attended. Themes from 'away' days to be	Head of Nursing, WGH Professional	Complete 31/01/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
addressed where appropriate		identified and fed back to Head of Nursing for appropriate action.	Practice Development Nurse	
Persistent low scores within the monthly care audits are addressed to ensure an improvement is made where appropriate		Ward 10 Governance Group established in November 2018 which will include monitoring of monthly care audits, clinical incidents and concerns.	Head of Nursing, WGH	Complete
Ward staff are able to attend regular ward meetings		Ward Sisters to arrange ward meetings well in advance with items for discussion invited from the team. Notes to be made available for those unable to attend.	Head of Nursing, WGH	28/02/19
Investigation is undertaken into errors, near misses or incidents in the last month that could have hurt staff or patients		Clinical Incident reports for Wards 1, 10 & 12 for December 2018 to be requested.	Head of Nursing, WGH	Complete
		Incident reports to be reviewed by individual area sisters and senior nurse managers and areas for learning identified.	Head of Nursing, WGH	28/02/19
Investigation is undertaken in to the reasons why there is a perception by some staff, that the organisation would blame or punish the people who		Flyer to be provided and circulated across all areas to be displayed in staff rest rooms.	Clinical Lead, Patient Safety	28/02/19
		Assurance & Safety Team to attend	Clinical Patient	28/02/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
are involved in such incidents		Sisters meeting in February 2019 to reinforce importance of open culture and to discuss how this can be achieved.	Safety Lead	
		Assurance & Safety Team to walkabout on speaking directly to staff to promote an open reporting culture, whilst identifying potential barriers to this.	Clinical Patient Safety Lead	30/04/19
All staff are made aware of the revised Health and Care Standards that were introduced in April 2015.		Increasing awareness plan to be discussed and implemented with the Professional Practice Development Nurse.	Head of Nursing, WGH	30/04/19
The health board is required to provide HIW with details of the action it will take to ensure that: A robust plan for recruitment is in place to maintain compliance with the Nurse Staffing (Wales) Act 2016	7.1 Workforce	Active steps to be taken to support timely recruitment of Registered Nurses to ensure the required staffing levels are achieved.	Head of Nursing, WGH / Head of Resourcing	Process in Place – Complete
		Vacancies to be placed on the Trac system as soon as possible to activate recruitment processes.	Head of Nursing, WGH	Complete
		Recruitment process to be as seamless as possible to avoid unnecessary delays in staff taking up posts.	Head of Resourcing	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
A robust process is in place to manage temporary staffing requirements to maintain compliance with the Nurse Staffing (Wales) Act 2016		Recruitment to agreed Nurse Staffing Levels Wales Act establishments in line with the Health Board implementation plan. Implementation plan in place. For annual review and reporting to Board.	Nurse Staffing Levels Act Implementation Lead	Completed- Next review scheduled for April 2019.
		Rostering policy to be reviewed and updated to reflect the requirements of the Nurse staffing Levels (Wales) Act 2016.	Head of Nursing Workforce utilisation	30/04/19
		Policy 409: Nurse Staffing Levels and Escalation Policy Adult acute services to be reviewed and updated to reflect the requirements of the Act.	Nurse Staffing Programme Lead	Complete
		Electronic rosters to be created 12 weeks in advance to maximise chances of 'block booking' on contract agency staff.	Head of Nursing, WGH	28/02/19
		Daily review of staffing shortfalls to be undertaken with all necessary steps taken to obtain coverage.	Head of Nursing, WGH	Complete
		Daily Acuity Measurements in place and acuity levels to be reviewed across the site and staff deployed accordingly as a	Head of Nursing, WGH	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
A robust process is in place to ensure all staff have the opportunity to have a formal personal annual appraisal.		means of risk assessment and management. Performance Appraisal Development Review (PADR) plan to be in place in each area so staff have advance notice of appraisal date to be communicated to each dept lead. PADRs not to be cancelled if at all possible.	Head of Nursing, WGH & Hospital Director	Complete

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

Service representative

Name (print): Janice Williams

Job role: Head of Nursing

Date: 21 January 2019