

## **Dignity and Essential Care Inspection (Unannounced)**

**Powys teaching Health  
Board: Victoria Memorial  
Hospital, Maldwyn Ward**

20<sup>th</sup> and 21<sup>st</sup> January 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection in Maldwyn Ward at the Victoria Memorial Hospital, Welshpool, part of Powys teaching Health Board on the 20<sup>th</sup> and 21<sup>st</sup> January 2015.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service

## 2. Methodology

HIW's dignity and essential care inspections review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

### 3. Context

Powys teaching Health Board (Powys tHB) provides primary and secondary healthcare to the population of Powys. Powys is the most sparsely populated county in Wales, yet it covers the largest landmass and extends from as far north as Llanymynech near Oswestry, down to Ystradgynlais which is near Swansea.

Victoria Memorial Hospital is a community hospital located in Welshpool, Powys. The hospital has one in-patient ward, Maldwyn, which provides twenty four medical and rehabilitation beds to Powys patients. The ward takes patients predominantly from the three closest District General Hospitals but on occasion patients are also admitted directly from their GP.

In addition to the inpatient ward, the hospital also has a busy 24 hour Minor Injuries Unit (MIU), a Midwife-led birth centre and Outpatient clinics. Out of hours GP services also use the Outpatient department to see patients.

On the same site, there is also a Renal Dialysis satellite unit, which is run by Betsi Cadwaladr University Health Board and is open for three days each week. This unit and the rest of the hospital do not share governance or senior management structures; however the on-site senior staff have an informal link and keep abreast of developments and changes in their respective areas.

Our inspection focussed on the services provided on Maldwyn ward and because of the hospital layout and staff set up we necessarily visited the MIU and have made some comments and recommendations due to the impact this unit has on Maldwyn ward.

## 4. Summary

### Patient Experience

During this inspection visit we spent time observing staff and patients' interactions, speaking informally to patients, using our questionnaire to gather more formal patient feedback and looking at patient records to see if they were individualised. We also gave consideration to the ward environment and the facilities available to patients.

Overall, we received some very positive feedback from the patients and visitors we spoke to. We also found that the staff team were enthusiastic and our observations suggested that they seemed happy in their work, which contributed to a positive atmosphere on the ward.

### Delivery of the Fundamentals of Care

We observed a team of caring, enthusiastic nursing staff at work and saw other members of the team such as domestic staff and physiotherapists contributing to the care that was being provided. Overall, we felt the staff were meeting standards in relation to the fundamentals of care. We felt that standards of record keeping were weak in places and have made recommendations to improve this, whilst also acknowledging that senior staff within Powys have themselves identified this and have designed new documentation in an attempt to improve standards. We felt that the systems and structures around mealtimes was the main area in need of review to improve the care given to patients during these times.

### Quality of Staffing, Management and Leadership

We saw clear evidence of leadership from senior staff who were visible and busy amongst the ward team. We found that during the day time staffing levels were appropriate to meet local and national guidelines and staff also told us they found the workload manageable. We were very concerned by the potential low and fluctuating staffing level at night, depending on MIU activity, and strongly recommend that the current arrangement is reviewed urgently.

### Delivery of a Safe and Effective Service

Overall we found that the ward sisters' had systems for monitoring safe service delivery embedded into their daily practice. We found that staff were actively working to reduce key risks such as falls and the ward sister was working to implement overarching systems to reduce these risks even further. We made

some recommendations, most notably around the need to improve overall standards of entries made into patient documentation.

## 5. Findings

### *Quality of the Patient Experience*

#### **Conclusion**

**During this inspection visit we spent time observing staff and patients' interactions, speaking informally to patients, using our questionnaire to gather more formal patient feedback and looking at patient records to see if they were individualised. We also gave consideration to the ward environment and the facilities available to patients.**

**Overall, we received some very positive feedback from the patients and visitors we spoke to. We also found that the staff team were enthusiastic and our observations suggested that they seemed happy in their work, which contributed to a positive atmosphere on the ward.**

#### Questionnaire Feedback

During the course of this inspection, we distributed six HIW questionnaires to patients, relatives and visitors in an attempt to obtain people's views about the services provided on Maldwyn ward. We received permission from six of the questionnaire respondents to include any additional comments they made into our report. On the day of inspection, we also spoke to a number of other patients and relatives who were willing and/or well enough to share their views with us.

We asked questionnaire respondents to rate their overall care and treatment using a scale of 1 (poor) - 10 (excellent). Two respondents gave the highest rating of 10/10, one respondent gave 9/10 and three gave 8/10. None gave a satisfaction score lower than 8/10.

We asked whether the ward was clean and tidy, to which all six respondents either strongly agreed (four) or agreed (two) that it was. We received some additional comments about cleanliness which can be found below:

*“very good, always clean”*

We asked about staff attitude during care and treatment to which four of the six respondents gave the highest positive rating and one additional comment about this was to give particular praise to the domestic and Healthcare Support Worker's (HCSW's). We did also receive some neutral answers to this section in response to whether or not patients felt they were listened to and whether or



not staff had taken time to help them understand their medical condition. Providing further context to these responses were the following comments:

*“(Staff) help you if they can, could do with more staff”*

*“The Doctor hadn’t read my notes beforehand”*

### **Recommendation**

***Ensure that staff take time to help patients understand their medical conditions. Ensure that adequate preparation takes place before ward rounds.***

We asked patients what they felt about the standard of care and manner in which it was delivered to them to which all six either strongly agreed or agreed that they were happy with the care and the way in which it was delivered. We received some very positive additional comments to these questions:

*“Staff very supportive, they’re so caring”*

*“If you don’t feel well, they’ll see to it”*

### **Informal Feedback**

We also spoke generally to a number of patients and we found that overall patients were positive about the care they were receiving on Maldwyn ward and also about the caring approach of the staff who were providing their care.

### **The Environment**

On the first day of our inspection visit, the ward day room appeared to be a hub of activity; many patients were sitting there and many had their lunch at the tables in there, returning to their beds mid afternoon. On the second day we noted that the day room was almost entirely empty for the majority of the day. When we spoke to patients about this, we were told that they did not usually use the day room but had needed to use it on our first inspection day due to a deep clean which was taking place in the ward bay areas. Some patients also told us that they did not like to spend much time in the day room as they found the seating hard, uncomfortable and unsuitable for long periods of time.

### **Recommendation**

***Review the seating in the day room to ensure it is suitable and comfortable for patients to use and spend time in.***



## *Delivery of the Fundamentals of Care*

### **Overarching Conclusion**

**We observed a team of caring, enthusiastic nursing staff at work and saw other members of the team such as domestic staff and physiotherapists contributing to the care that was being provided. Overall, we felt the staff were meeting standards in relation to the fundamentals of care. We felt that standards of record keeping were weak in places and have made recommendations to improve this, whilst also acknowledging that senior staff within Powys have themselves identified this and have designed new documentation in an attempt to improve standards. We felt that the systems and structures around mealtimes was the main area in need of review to improve the care given to patients during these times.**

### **Communication and information**

*People must receive full information about their care in a language and manner sensitive to their needs*

### **Conclusion**

We saw that during ward rounds nursing and medical staff spent time with patients and pulled the curtains around in an attempt to make the conversations as private as possible. Voices were also as discreet and low as possible, although still at a level that the patients could hear what was being said.

We saw from the documentation we looked at that the nursing staff were referring patients for specialist input where this was needed. We saw referrals to Psychiatric nurse specialists, a Tissue Viability nurse specialist and to a Dietician.

We noted that Welsh speaking staff had a symbol embroidered on their uniforms indicating to patients that they could speak bilingually. We did not see any evidence to show that staff were establishing the patient's preferred language and we spoke to one patient in Welsh (her preferred language) although there was nothing in her notes or around the bed space to promote her language preference.

### ***Recommendation***

***Nursing staff should establish patient language preferences and promote this where possible.***

Signage of clinical areas, patient areas and staff areas on the ward was poor and we felt that this needed to be improved to make the ward more accessible, particularly for patients who may have some confusion or dementia. Senior staff explained to us that they had previously identified this and had ordered new signage, however due to plans for some reconfiguration and building work on the ward they intended to have the signs put up at the same time.

### **Respecting people**

*Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.*

### **Conclusion**

Through our general observations of staff and patient interactions on the ward, we noted staff dealing with patients in a polite and caring manner. We saw that curtains were drawn at times when care was being provided so that the privacy of the patient could be maintained. The ward is separated into different bays and in order to make patients more easily visible to staff, windows have been put into the wards so that nursing staff can see in from the corridor. There are blinds on the windows which can be closed during personal care to protect privacy and dignity, however, on one occasion we noted physiotherapy staff dealing with a patient without drawing the blinds. We asked that this be immediately resolved which it was, however, there should be a reminder to all staff of the need to close blinds and curtains during any patient care or assistance that has a potentially personal nature.

### ***Recommendation***

***A reminder should be given to all staff of the need to close curtains and blinds during any patient care or assistance that has a potentially personal nature.***

## Promoting independence

*The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.*

### **Conclusion**

We saw some occasions where staff had involved family members in the assessment process for patients who were confused. The families had helped by completing a personalised document called 'This is Me' <sup>1</sup> which gave the staff some highly personalised information to help them understand the patient better. We also saw that the ward were beginning to implement the Butterfly scheme <sup>2</sup> and saw that there were butterfly symbols next to patient names on the board in the office, encouraging staff to be mindful of the additional support these patients may need to help them be independent.

For patients with confusion the above additional systems were in place to help provide them with personalised assessments, however, for other patients, we found the assessments and subsequent care plans were not as personalised as they could be.

We noted that staff were placing patient call bells within their reach in the event that they may need to call for assistance. We also saw a number of patients using different mobility aids to independently move around the ward.

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<sup>1</sup> **This is Me** is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests.

<sup>2</sup> **The Butterfly Scheme** allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides staff with a simple, practical strategy for meeting their needs.

## **Relationships**

*People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.*

## **Conclusion**

Ward visiting times were long but were planned with the intention that there be no visiting around mealtimes. This is a system called 'protected mealtimes' and it is designed to reduce interruptions for patients during these important times of the day. The staff we spoke to told us that patients could have visitors during mealtimes if this was in their best interests but the visiting time notices did not indicate that relatives / carers could ask permission to visit outside of the designated times.

On the first day of our visit, we noted a number of patients sitting together in the day room and eating lunch at the dining tables in there. However on our second day the day room was virtually empty. Patients told us that they did not usually use the day room and had only been using it the day before as their bay was undergoing a deep clean. Their opportunities for interaction with each other were therefore not promoted as much as they could have been.

## ***Recommendation***

***Promote good use of the day room where possible to encourage patient interaction.***

## **Rest, sleep and activity**

*Consideration is given to people's environment and comfort so that they may rest and sleep.*

## **Conclusion**

During our inspection visit the weather outside was particularly cold, however the ward was comfortably warm and patients also seemed comfortable with the temperature. The ward was split into single rooms and, two or four bedded bays and generally we felt that this contributed to a quiet atmosphere at the times we were present on the ward. We noted that after lunch in particular, the ward became quieter and patients seemed to be having the opportunity to rest prior to the start of visiting time.

We were not present on the ward at night time, however, we talked to staff about night time routines and had some concerns around the nearby location of the night time MIU and the potential for this to cause a noise disturbance to patients in the bay and side rooms nearest to it. Staff also told us that they did not think the current arrangement was a suitable solution, particularly if patients' behaviour is affected whilst under the influence of alcohol or drugs, which is a potentially at weekend night time.

### ***Recommendation***

***Review the location of the MIU at night, giving consideration to the potential disturbance to ward patients that the current area could cause.***

### **Ensuring comfort, alleviating pain**

*People must be helped to be as comfortable and pain free as their circumstances allow*

### **Conclusion**

We explored this by looking in detail at the care plans and other documentation for two patients who were experiencing pain. We saw that the presence or absence of pain was consistently being recorded regularly and appropriate medication was being given to address the pain – the documentation showed that the medication was also effectively working. We noted that the ward were not using a pain scoring tool to help them identify levels of pain, however we saw evidence that the new documentation being introduced from February 2015 will include pain scores and should address this.

We saw staff helping patients into suitable positions but did note that many patients appeared to be being nursed in bed. This may have been the best and most comfortable position for them but the patient documentation did not provide enough detail for us to see the rationale for not encouraging the patient to sit out in a chair.

### ***Recommendation***

***Ensure that patient documentation contains sufficient detail to explain the reason behind the decisions relating to patient positioning and being nursed in bed.***

## **Personal hygiene, appearance and foot care**

*People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.*

### **Conclusion**

We arrived late morning for our first inspection day and by this time all patients appeared to have been washed and were dressed in clean clothing. On the second morning we arrived earlier and saw staff helping patients to wash and dress.

There are no facilities for patient clothes to be washed on the ward and they must be sent home to be laundered. We did not explore what would happen if patients had no family or friends to do this for them, however staff did not tell us of any problems with the system they have at present.

The stock of linen was low on the morning of our first inspection day but there had evidently been a delivery later on as, by the second day of the visit, the linen cupboard had been replenished. Again, staff did not report any issues with this and patients appeared to have sufficient blankets to keep them comfortable.

We saw a chiropodist visit the ward to attend to patients' foot care and staff told us that they refer to chiropody services regularly for patients that require it.

A hairdresser also visited the ward whilst we were present, however this had been by special arrangement for one patient and no other patients were able to have their hair done. Some of the female patients were disappointed by this as they had hoped to be able to see the hairdresser. We were told by ward staff that a hairdresser did previously visit the ward frequently to see any patients who wanted this service but that this arrangement had now stopped.

### ***Recommendation***

***Consider re-introducing regular hairdressing visits to the ward.***



## **Eating and drinking**

*People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.*

### **Conclusion**

We observed two mealtimes during our inspection and we noted that all staff seemed to be on hand to provide support with giving out meals and to offer help to those patients who may need it. We visited the kitchen at the hospital (we did not enter the food preparation area itself but looked from a distance) and saw the cook preparing a wide range of fresh fruit and vegetables to create nutritious and balanced meals. When the food arrived onto the ward it was hot and looked fresh and appetising. Patients were given different portion sizes according to choice and need.

Immediately prior to mealtime, we did not see any particular evidence that there was a routine for ensuring patients and their bed tables were prepared. As a result of this, when the meals were taken around, patients were frequently being hastily repositioned and tables were being hastily cleared to make room for trays.

### ***Recommendation***

***Ensure that patients are positioned and tables cleaned and cleared in time for meal service.***

We saw that patients were given individually wrapped hand wipes on their meal trays, however there was no assistance given to open the packets and we saw many of these being returned unopened and unused when trays were collected from patients.

### ***Recommendation***

***Ensure that patients are given assistance to use hand wipes or to wash their hands prior to mealtimes.***

We also saw that some of the domestic staff were closely involved in handing out trays of food to patients and due to the lack of prior preparation they were also helping with basic patient preparation (such as moving pillows) and with clearing the tables to make room. We noted that the domestic staff were wearing gloves whilst they were doing this and we did not see them change their gloves in between patients, or wash their hands at any point.

### ***Recommendation***

***Ensure that any staff involved in giving out meals adhere to all necessary infection control and food hygiene procedures associated with their task.***

We also saw a number of occasions where the trays had not been placed in easy reach for patients and where pots of yoghurt and cartons of juice had not been opened. We saw some domestic staff very helpfully assisting patients in this way; however, unfortunately this was again done wearing gloves which had not been changed immediately prior to helping.

In the ward kitchen, we saw a list of all diabetic patients stuck to a cupboard to remind any staff that may be preparing or giving out food and drinks. However this was not up to date and there were diabetic patients on the ward whose names were not on the list.

### ***Recommendation***

***Ensure that all staff involved in food preparation and service are provided with updated information about the diabetic patients on the ward.***

### **Oral health and hygiene**

*People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.*

### **Conclusion**

We saw from patient documentation that patients were being assessed to determine their oral health and hygiene needs. Staff told us that they could refer to a dentist if required but in practice could not think of any occasions where this had been necessary.

We saw a stock of unused toothbrushes and denture pots appropriately stored in the ward bathroom.

Patients told us that they cleaned their teeth and / or dentures morning and night and one patient told us that she cleaned her teeth more frequently since being a patient on the ward as she is actively encouraged to do so by staff.

### **Toilet needs**

*Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.*

### **Conclusion**

We looked at patient notes and saw that continence needs were being assessed. This was one area where we found that staff were inconsistently updating and re-evaluating the care plans and assessments. Staff told us that re-evaluation was routinely done every Sunday; however the documentation did not reflect this.

### **Recommendation**

***Ensure that nursing staff have the knowledge and confidence to provide good continence care and ensure that all assessments and documentation are kept up to date.***

We saw that mostly, staff were assisting patients to go to the toilet and use of commodes was minimal. Patients told us that mostly staff answered the call bells in a timely manner but that sometimes it could take longer than required. It may be that a more thorough assessment of continence needs could help to identify patients who require support with continence more promptly than others which could contribute to resolving this in some way.

We saw a stock of continence pads and saw that there were three different types available. We also saw a high number of commodes available, in addition to bed pans and toilets / bathrooms. Commodes were stored right at the end of the ward and there was no system in place at the time of our visit to enable easy identification of those commodes which had been cleaned and were ready for use. We spoke to staff about this and were told that they were about to introduce green tape which would be applied to all commodes to indicate when they were clean and ready for use.

## **Preventing pressure sores**

*People must be helped to look after their skin and every effort made to prevent them developing pressure sores.*

### **Conclusion**

There was evidence in all patient documentation that we saw that nursing staff were assessing patients for risk of pressure areas. We felt that the assessments in place at the time of our visit were too generalised but we saw the new documentation tools which were imminently being introduced and felt that these (if used correctly) could significantly improve on what we found. In addition to this, the senior ward sister has a background and extensive experience in wound care. Having been only recently recruited to her post she has plans to teach the staff but has not yet had the opportunity to do so.

We saw that all patients requiring pressure relieving equipment were using the appropriate mattresses and cushions on beds and chairs.

We saw that the ward were using the safety cross initiative (a quality assurance method for monitoring the incidence of pressure areas) to monitor the development and prevalence of pressure areas amongst their patients. This information was displayed in the ward office. The staff were also using a dedicated approach to providing skin and pressure area care and we could see that they were regularly monitoring and providing care to patients who needed it.

## *Quality of Staffing, Management and Leadership*

### **Overarching conclusion**

**We saw clear evidence of leadership from senior staff who were visible and busy amongst the ward team. We found that during the day time staffing levels were appropriate to meet local and national guidelines and staff also told us they found the workload manageable. We were very concerned by the potential low and fluctuating staffing level at night, depending on MIU activity, and strongly recommend that the current arrangement is reviewed urgently.**

### **Staffing levels and skill mix and professional accountability**

At the time of our inspection visit, there seemed to be a high number of qualified nursing staff at work on Maldwyn ward. This was explained to us by the ward staff and what we were told and what we saw from duty rotas is as follows:

During the day, the ward is staffed by a minimum of two registered nurses, sometimes three. As previously mentioned there is an MIU on the hospital site which is open 24 hours. During the day this is staffed by one registered nurse who has had training in minor injuries nursing and emergency care; at night the unit is also staffed by one specifically trained registered nurse. At night, Maldwyn ward is staffed by two registered nurses, one of whom is designated to look after ward patients only whilst the other has a dual role, looking after ward patients and providing MIU care to any patients who present with injuries at night. During the day, if the MIU is quiet, this nurse may work on the ward and we saw that for some of our inspection visit, the MIU nurse did indeed work on the ward, providing additional qualified nursing support. However at night we were extremely concerned that there have been and, with the current staffing arrangement in place, will continue to be, periods when only one registered nurse is available or present for the ward patients. There are 21 beds on the ward, which with its' L-shaped layout could potentially pose risks to patient safety if only one nurse is available. The staff we spoke to told us that they felt there were more than sufficient nursing staff to meet patient needs during the day. During our visit, there were two patients who had been assessed as being at such high risk of falls that extra staff had been brought in to provide one-to-one care to help keep them safe. A number of staff did raise concerns with us about the night time staffing arrangement as they felt that the number of patients would be too many for one registered nurse, who may be left on their own on the ward, to safely care for.

We acknowledge that the Health Board have tried to mitigate against the possible risks with only two registered nurses at night and have made a designated MIU room on the ward itself for use at night. However, should there be an MIU patient, the fact remains that one registered nurse is potentially engaged in providing MIU care and unavailable for the ward patients during this time.

***Recommendation***

***The Health Board must urgently review the ward and MIU staffing arrangement at night to ensure that risk to ward patients is reduced and risk to registered nurses potentially working alone is also reduced.***

During our visit, there were two junior sisters and the ward senior sister present and they were clearly identifiable and we saw them providing leadership and decision making support to the nursing team.

We noted that the HCSW's on duty during our visit seemed to be working very autonomously and we did not often see them working together with the registered nursing staff, apart from during mealtimes. We looked at a number of patient records during this visit and saw frequent occasions whereby HCSW's had been making written entries in patient notes which had not been countersigned by the registered nurse working alongside them.

***Recommendation***

***Ensure that HCSW's work only within the boundaries of their role, at all times directed by registered nursing staff who countersign any entries made into patient notes.***

**Effective systems for the organisation of clinical care**

We looked in depth at two patients' notes and we also observed routines on the ward. We saw that for the most part, patient care was being planned according to the needs that had been assessed. The staff were using a system called intentional rounding<sup>3</sup> to ensure that all but particularly the most vulnerable

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<sup>3</sup> **Intentional rounding** is a structured process where nurses on wards in acute and community hospitals and care home staff carry out regular checks with individual patients at set intervals, typically hourly. During these checks, they carry out scheduled or required tasks.

patients were being turned and checked frequently. The charts we looked at indicated that this was being done but we did not have the opportunity to actually observe this happening.

We saw a number of visitors at different times on the ward, and saw staff talking to them about the progress of their relative's care and treatment.

We saw different Doctors visiting the ward to see patients, at times reviewing several patients during ward rounds and at other times seeing individual patients when the need had arisen. They were always accompanied by one of the ward nurses and we saw that they tried to give the patient privacy by drawing their curtains and following up relevant discussions with staff in the ward office.

### **Training and development**

The staff we spoke to told us that they were able to use a training room within the grounds of the hospital to undertake e-learning modules and they found this provision very useful. We were told that over the past 12-18 months, both the access to and frequency of training opportunities have improved. We found that the staff we spoke to were vague and not clear about what they had learnt via e-learning but could more confidently talk about the face to face training they had received.

We were told that there has recently been a Dementia nurse specialist employed to cover North Powys, which was seen as a positive step for accessing more up to date knowledge and support with patients who have confusion or dementia.

On site, there are two junior sisters and two senior sisters and they each look after the training and development needs of a specific group of nursing staff. We were told that annual appraisals are done approximately springtime of each year and the respective sister uses this to identify training and development and to ensure that mandatory training is up to date for their staff group.

### ***Recommendation***

***Review training opportunities offered to staff to ensure that they are meaningful and meet the core needs of updating and up-skilling.***

### **Handling of complaints and concerns**

There were no active complaints or concerns at the time of our inspection. The ward sister recounted a concern which had been raised during the previous 18 months and our discussions indicated that this had been viewed as an opportunity to review practices and make improvements.

One patient told us that they had raised a concern which they felt had been handled appropriately and the issue had been resolved.

We were told that there are regular team meetings for the ward staff where any concerns and positive feedback are discussed.



## ***Delivery of a Safe and Effective Service***

*People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.*

### **Overarching Conclusion**

**Overall we found that the ward sisters' had systems for monitoring safe service delivery embedded into their daily practice. We found that staff were actively working to reduce key risks such as falls and the ward sister was working to implement overarching systems to reduce these risks even further. We made some recommendations, most notably around the need to improve overall standards of entries made into patient documentation.**

### **Risk management**

#### **Conclusion**

During our conversations with the senior ward sister and one of the junior ward sisters about the day to day management of the ward, it was apparent that monitoring any incidents, near misses and areas of risk is a priority for them. They told us that they build time into the start of each shift to review any issues which have occurred or are ongoing. The ward staff we spoke to were all familiar with using the Datix system<sup>4</sup> to report incidents and near misses. Our conversations suggested that overall, the ward have an open and proactive approach to dealing with adverse events and near misses.

The ward were recording patient falls and pressure sores on a wall chart in the staff office and we could see that there had been a number of falls in the month leading up to our visit. We spoke at length to a number of different staff about this and found that they were proactively attempting to manage and reduce the risk of falls in the patients they were currently caring for. They had moved the patients to rooms nearest the nursing station so that they could provide the highest possible level of monitoring but in addition to this they had got

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<sup>4</sup> **DATIX** software is a tool used within the NHS used to record, investigate, analyse causes of adverse events and near misses.

additional staff and were providing one-to-one care for those at most risk. The senior ward sister had also identified that the ward needed to improve the process of patient referrals to the ward to ensure that patients were being appropriately placed.

## **Policies, procedures and clinical guidelines**

### **Conclusion**

All policies and procedures can be found on the Health Board intranet site and staff did not report any problems with accessing these. There was a computer available for staff to use at the nursing station and another in the ward office, which would also provide a quieter environment for staff to research and read policies.

The senior ward sister had not long been in post but in this short time had identified the need for clear procedures to be implemented so that patient referrals to the ward were better managed. She had developed some basic tools and checklists for the ward staff to use when speaking to GP's and referring district general hospitals about potential patients.

We saw a bottle of commode cleaning fluid in the sluice area which had not been prepared ready to use for all commode cleaning as it should have been. We also did not see any evidence of a cleaning schedule providing clear instructions as to the method for ensuring the commodes are adequately cleaned.

### ***Recommendation***

***Ensure that solution for cleaning commodes is prepared ready for daily use and dated to show its active period. Ensure there are commode cleaning instructions clearly displayed in the sluice for staff to follow.***

## **Effective systems for audit and clinical effectiveness**

### **Conclusion**

A previously mentioned, the ward monitor the incidence of patient falls and pressure sores and display the results on the wall of the ward office. The

information gathered in this is inputted into the care metrics <sup>5</sup> system so that month to month comparisons and analysis of the data can be made. The monthly results should also be displayed so that any visitors to the ward can also view the performance of the ward in this respect.

### ***Recommendation***

***Openly display information on patient falls, pressure sores and other recorded quality indicators in a location that visitors to the ward can see.***

We were told that regular on-the-spot audits checking compliance with good hand washing routines were undertaken by any one of the senior or junior sisters on Maldwyn ward. The ward sisters told us that they use a written communication book/ diary, daily handovers between staff and regular ward meetings to communicate the results from the audits they do.

### **Patient safety**

#### **Conclusion**

A 'patient status at a glance' (PSAG) board had recently been introduced and was on display in the ward office. Handovers at the start of each shift take place in the office next to the board so that information can be reviewed regularly. During our inspection, we could see that the PSAG board was evidently being used as the information was up to date and there were different coloured magnets next to patients alerting staff to patients at risk of falls.

All staff were wearing name badges so that they could be easily identified and there were different coloured uniforms to clearly distinguish between qualified, unqualified and domestic staff.

There had been a number of patient falls during the weeks leading up to our inspection visit (six in January up to the point of our visit) and those patients at highest risk of further falls were being given one-to-one care and were being nursed in the room closest to the nursing station. The ward sister told us that they did not feel this was adequate and they had therefore ordered a supply of movement alarms to alert staff if at risk patients attempt to get out of bed / their

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<sup>5</sup> **Care Metrics** is a system whereby information about some aspects of care are monitored to measure quality. Examples include falls and pressure areas. The care metrics form part of a clinical dashboard of quality indicators.

chair. These had arrived to the ward but staff were awaiting training to enable them to use them safely.

## **Medicines management**

### *Ward routine and approach*

During our visit we observed medication being prepared and administered to patients. We predominantly observed medication being administered after mealtime, which meant that patients were already positioned upright. Staff were seen helping and monitoring patients taking their medication, moving on to the next patient only when they had finished. We observed nursing staff being careful not to leave the medication trolley unattended or unlocked at any point.

Different medications were stored in a number of different places on the ward. None were being stored inappropriately; however, the number of storage places could make preparation less easy. We also noted that staff were required to prepare any drugs for injection on a work surface behind the nursing station. The same area was also used for storing and writing paperwork. The senior nurse told us that there are plans to create a dedicated clinical room with space for all medications and space for medication preparation; however in the interim it would be sensible to review the appropriateness of the current area and consider an interim solution to enable a small dedicated medication preparation area.

### ***Recommendation***

***Consider an interim solution which provides nursing staff with a dedicated area / surface for preparing medication to be administered.***

## **Documentation**

### *Patient Assessment*

We looked in detail at two sets of patient notes and also looked at various other patients' documentation. We consistently saw written evidence that nursing staff were assessing patient needs and that they were mostly developing care plans to address the full range of needs they had identified. There were some occasions where the identified needs did not seem to have triggered the appropriate care plans and we also noted that the entries recorded as daily updates were very minimal at times. The senior nursing staff made us aware that Powys tHB are due to introduce new documentation from February 2015 and we were able to see a copy of this. We felt that the new documentation provided opportunities for nursing staff to work very closely with patients to understand their needs and the assessments seemed to be particularly

comprehensive. However, the current standard of recording suggest that nursing staff would benefit from general training around patient documentation and not just in relation to how to complete the new documentation. We also noted a number of entries in patient notes that had been made by HCSW's but had not been countersigned by the registered nursing staff supervising their work; this must also be addressed to ensure that registered staff are consistently taking full responsibility for the patients in their care.

***Recommendation***

***Consider additional training on the principles of good record keeping for nursing staff.***

## 6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Maldwyn Ward at the Victoria Memorial Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

## Appendix A

### Dignity and Essential Care: Improvement Plan

Hospital: Victoria Memorial Hospital, Welshpool

Ward/ Department: Maldwyn Ward

Date of Inspection: 20<sup>th</sup> and 21st January 2015

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7.	Ensure that staff take time to help patients understand their medical conditions. Ensure that adequate preparation takes place before ward rounds.	<ol style="list-style-type: none"><li>1. Ward Sister to discuss this need at ward meetings.</li><li>2. Ward Sister to make this improvement plan available for all staff.</li><li>3. All staff to ensure that the patients have understood their medical condition, plan</li></ol>	Minuted in ward meeting April 2015. Improvement plan in ward meeting minutes folder. Documented in both medical	Senior Sister Clare Robbins, GPs and all staff caring for patients. Accountable to Judy Lloyd S/N	To be completed end May 2015

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		of care following each ward round. Audit of five patients' with capacity; week commencing April 2015, week commencing May 2015.	and nursing notes. Audit results.		
7.	Review the seating in the day room to ensure it is suitable and comfortable for patients to use and spend time in.	<ol style="list-style-type: none"> <li>1. Ward Sister in liaison with Therapists and seating specialist to review the seating options in the day room.</li> <li>2. Ward Sister to develop an activities schedule for patients</li> <li>3. Ward Sister to support the development or procurement of activity aids suitable for patients with dementia or sensory difficulties.</li> <li>4. PTHB requirement of policy of volunteers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review seating, source funding and action.</li> <li>2. Activity calendar to be developed incorporated in conjunction with OT's and third sector.(if funding available)</li> </ol>	<p>Senior Sister Clare Robbins, Butterfly Champions, Falls Champions.</p> <p>PTHB WOD-for policy completion.</p>	To be completed 30 <sup>th</sup> April 2015



Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		5. Breakfast club to encourage social interaction for patients.	3. As 1,2. Procure appropriate activity aids.		
<b>Delivery of the Fundamentals of Care</b>					
9.	Nursing staff should establish patient language preferences and promote this where possible.	<ol style="list-style-type: none"> <li>1. The new documentation which is now in place specifically asks the patients which language they would like to be communicated in.(Page 4 demographics)</li> <li>2. Nursing staff to wear bi-lingual name badges.</li> <li>3. In the event of patients who do not speak English, communicate this with the</li> </ol>	Documentation audit, Fundamentals of Care audit.	Senior Sister Clare Robbins all staff.	<ol style="list-style-type: none"> <li>1. Completed with ongoing monitoring</li> <li>2. Completed with ongoing monitoring</li> </ol>

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		nursing team and provide an interpreter if necessary.			3. Completed with ongoing monitoring
10.	A reminder should be given to all staff of the need to close curtains and blinds during any patient care or assistance that has a potentially personal nature.	<ol style="list-style-type: none"> <li>1. Ward Sister to remind staff at the ward meeting in April 2015.</li> <li>2. Ward Sister to ensure adherence through direct and observational nursing</li> <li>3. Purchase of disposable curtains which is appropriate to the patient area which will also improve the patient's privacy and dignity.</li> <li>4. Dignity pegs on curtains.</li> </ol>	Minutes of meeting in March 2015	<ol style="list-style-type: none"> <li>1 Senior Sister Clare Robbins all staff.</li> <li>2. Senior Sister Clare Robbins all staff.</li> <li>3. Della Powell. IPC Lead Nurse.</li> </ol>	To be completed 30 <sup>th</sup> April 2015
12	Promote good use of the day room where possible to encourage patient interaction.	<ol style="list-style-type: none"> <li>1. Ward Sister working with the wider team to review the use and ambiance of the day room; procure a TV, DVD and music system.</li> <li>2. Ward Sister working with</li> </ol>	<ol style="list-style-type: none"> <li>1. Minutes of meeting in March 2015</li> <li>2. Activities / Rehab schedule</li> </ol>	1 Senior Sister Clare Robbins all staff.	To be completed 30 <sup>th</sup> March 2015

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		<p>the wider team to develop activities and rehabilitation schedule which can be undertaken in the day room.</p> <p>3. Increase the utilisation of the day room at meal times.</p>	3.Observation visits		
13.	Review the location of the MIU at night, giving consideration to the potential disturbance to ward patients that the current area could cause.	<p>1. Undertake a review of the MIU provision at WP, in particular noting the OOH activity, the site of the MIU at night and the risks to inpatients, staff and the public.</p> <p>2. Undertake a risk assessment of the current patient flow in the OOH periods and the risk to inpatients, staff and public</p> <p>3. Make the risk assessment and action plan available to staff in a hard copy.</p>	<p>1 Review of the OOH provision</p> <p>2. Risk assessment on Datix</p> <p>3.Risk assessment to be place in 'Lone Working Policy and Procedure' folder (commenced</p>	<p>Lead Nurse</p> <p>Anita Moles Senior Sister.</p> <p>Judy Lloyd. Senior Nurse</p>	<p>To be completed 30<sup>th</sup> June 2015</p> <p>Completed with ongoing monitoring</p>

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
			Nov 2014)		
13.	Ensure that patient documentation contains sufficient detail to explain the reason behind the decisions relating to patient positioning and being nursed in bed.	<ol style="list-style-type: none"> <li>1. Undertake an audit of the new documentation which will include patient assessment and care plans relevance to the individual patient.</li> <li>2. Ward Sister to undertake a documentation audit on 3 sets of notes commencing April 2015 and May 2015.</li> </ol>	<ol style="list-style-type: none"> <li>1. Evidence of audit cycle.</li> <li>1, 2 Copies of regular audits and improvement plans.</li> </ol>	<ol style="list-style-type: none"> <li>1. Documentation team.</li> <li>2. Clare Robbins Senior Sister, Heather Simms Sister.</li> </ol>	<ol style="list-style-type: none"> <li>1. To be completed by July 2015.</li> <li>2. Commenced by 1<sup>st</sup> March then ongoing.</li> </ol>
14.	Consider re-introducing regular hairdressing visits to the ward.	<ol style="list-style-type: none"> <li>1. Ward Sister to provide a list of mobile hairdressers for all patients, also providing equipment (hair dryer) and appropriate environment for hairdresser to attend to patients.</li> </ol>	<p>Patient feedback.</p> <p>Ward diary for hairdresser bookings.</p>	<ol style="list-style-type: none"> <li>1. Heather Simms-Ward Sister.</li> </ol>	Completed with ongoing monitoring

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
15.	Ensure that patients are positioned and tables cleaned and cleared in time for meal service.	<ol style="list-style-type: none"> <li>1. Ward Sister working with the domestic team to review and implement a revised meal time schedule to ensure tables are clean and patients are positioned for their meals by the appropriate staff.</li> </ol>	1. Observation al visit by Senior Nurse.	1. Clare Robbins to work with all staff including Gill Foxley-Facilities manager.	To be Completed 30 <sup>th</sup> March 2015
15.	Ensure that patients are given assistance to use hand wipes or to wash their hands prior to mealtimes.	<ol style="list-style-type: none"> <li>1. Ward Sister to ensure the recommendation is shared with ward and domestic staff</li> <li>2. Ward Sister to ensure wipes are available</li> <li>3. All staff to check that patients can access the wash rooms at all times to wash their hands if preferred.</li> </ol>	<p>Recommendation shared with all staff.</p> <p>2 Domestic staff to inform personnel when stocks low.</p> <p>Observational visit by Senior Nurse</p>	1. Senior Sister Clare Robbins, all staff.	Completed with ongoing monitoring.
16.	Ensure that any staff involved in giving out meals adhere to all necessary infection control and food hygiene	<ol style="list-style-type: none"> <li>1. Ward Sister, working with the domestic supervisor to review the meal time</li> </ol>	<p>Observational visit.</p> <p>6 monthly</p>	1. Senior Sister Clare Robbins, all staff.	Completed with ongoing monitoring

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
	procedures associated with their task.	<p>preparation and procedures to ensure all staff aware of their responsibilities.</p> <p>2. Ward Sister to seek support where necessary from the Infection Control Team.</p>	Powys Nutritional Audit	2. Della Powell IPC Nurse Specialist.	Completed with ongoing monitoring
16.	Ensure that all staff involved in food preparation and service are provided with updated information about the diabetic patients on the ward.	<p>1. Diabetic Link nurses to update the communication board on specialist meals.</p> <p>2. All staff to ensure that the catering staff are made aware of patients with specialist dietary needs.</p>	<p>Observational visits.</p> <p>Review of the individual menu sheets</p> <p>Powys 6 month Nutritional Audit.</p>	<p>1. Senior Sister Clare Robbins, all staff.</p> <p>2. Kitchen staff.</p>	Completed with ongoing monitoring
17.	Ensure that nursing staff have the knowledge and confidence to provide good continence care and ensure that	1. Ward Sister to review the training needs and skills sets of the nursing staff with	Documented training shown	1. Senior Sister Clare Robbins, all staff.	1. Completed with ongoing monitoring

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
	all assessments and documentation are kept up to date.	<p>the support of the continence team.</p> <ol style="list-style-type: none"> <li>2. Ward Sister to support any additional training needs and document on the training needs matrix</li> <li>3. Strengthen and increase the link nurse role by enlisting 2 HCSW alongside 2 RGNs to support this need.</li> <li>4. HCSW to attend PTHB link nurse meeting.</li> </ol>	on the ward training needs matrix	2. PDP reviewer to feed in to training needs Matrix supported by nurse specialist.	<ol style="list-style-type: none"> <li>2 To be Completed 30<sup>th</sup> April 2015</li> <li>3.Completed and ongoing monitoring.</li> <li>4.Completed and ongoing monitoring</li> </ol>
<b>Quality of Staffing Management and Leadership</b>					
20.	The Health Board must urgently review the ward and MIU staffing arrangement at night to ensure that risk to ward	<ol style="list-style-type: none"> <li>1. Undertake a review of the MIU provision at WP, in particular noting the OPOH</li> </ol>	Review of the OOH provision	Jason Crowl, Lead Nurse.	To be completed 30 <sup>th</sup> June 2015

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
	patients is reduced and risk to registered nurses potentially working alone is also reduced.	<p>activity, the site of the MIU at night and the risks to inpatients, staff and the public.</p> <ol style="list-style-type: none"> <li>2. Undertake a risk assessment of the current patient flow in the OOH periods and the risk to inpatients, staff and public</li> <li>3. Make the risk assessment and action plan available to staff in a hard copy.</li> </ol>	Risk assessment on Datix	Senior Nurse	To be completed by 15th March 2015
20.	Ensure that HCSW's work only within the boundaries of their role, at all times directed by registered nursing staff who countersign any entries made into patient notes.	<ol style="list-style-type: none"> <li>1. Ward Sister to undertake sessions on the new code of conduct to all registered nurses noting reference to the rules around delegation.</li> <li>2. Ward Sister to discuss the recommendation at the ward team meetings.</li> <li>3. Ward Sister to document the recommendation in the</li> </ol>	<p>Ward Meeting minutes.</p> <p>Attendance lists of professional development sessions.</p>	Senior Sister Clare Robbins	Completed, ongoing monitoring.



Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		ward communication book.			
21.	Review training opportunities offered to staff to ensure that they are meaningful and meet the core needs of updating and up-skilling.	<ol style="list-style-type: none"> <li>1. Provide each member of staff with the required Statutory and Mandatory Training schedule.</li> <li>2. Provide a copy of the E-Learning training guidance 'how to access E Learning'.</li> <li>3. Place the weekly Powys Training announcements on the notice board for all staff.</li> <li>4. Allocate staff to undertake their e learning or group training on designated Practice Development Training Days Observational visits on site as part of the commitment to continuous professional development</li> <li>5. Report on training schedule progress at team meetings and Locality Management</li> </ol>	<p>List of staff training dates completed and booked with time scales.</p> <p>Training list to include mandatory training, clinical.</p> <p>Maintain and update ward training needs matrix.</p> <p>Rostered staff for training days and self study.</p>	Senior Sister Clare Robbins, Senior Sister Anita Moles, all PDP reviewers. All staff individual responsibility to highlight training requirements.	<p>Completed, ongoing monitoring.</p> <p>Completed, ongoing monitoring.</p>

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		Meetings.			
<b>Delivery of a Safe and Effective Service</b>					
24.	Ensure that solution for cleaning commodes is prepared ready for daily use and dated to show its' active period. Ensure there are commode cleaning instructions clearly displayed in the sluice for staff to follow.	<ol style="list-style-type: none"> <li>1. Ward Sister, working with the wider team to ensure the cleaning solution is correctly mixed, dated and correctly used.</li> <li>2. Ward Sister to share this recommendation in ward meetings and communication book.</li> </ol>	<p>Observation Visit.</p> <p>Ward Meeting minutes and Communication Book.</p>	<p>Senior Sister Clare Robbins, Senior Sister Anita Moles.</p> <p>Gill Foxley Facilities Manager.</p>	Completed, ongoing monitoring.
25.	Openly display information on patient falls, pressure sores and other recorded quality indicators in a location that visitors to the ward can see.	<ol style="list-style-type: none"> <li>1. Ward Sister to implement the patient 'how are we doing boards'.</li> <li>2. Ward Sister to site the board in the main entrance</li> </ol>	Observational Visit.	Senior Sister Clare Robbins, Senior Sister Anita Moles.	To be completed 30th July 2015

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		to the ward			
26.	Consider an interim solution, which provides nursing staff with a dedicated area / surface for preparing medication to be administered.	<ol style="list-style-type: none"> <li>1. Ward Sister working with estates to provide the reorganisation plan for the medication preparation areas, replacement drug cabinets.</li> <li>2. Ward Sister to identify a locally agreed interim area for the safe storage and preparation of IV medication, injections etc.</li> <li>3. Senior Nurse to liaise with League of Friends to ascertain funding support to support this action.</li> </ol>	<p>1.Documented reorganisation plan for clean utility and medication storage areas.</p> <p>Observational visits</p>	<p>Senior Sister Clare Robbins.</p> <p>Senior Nurse Judy Lloyd</p>	<p>1 &amp; 2 Completed, ongoing monitoring.</p> <p>3.Option to be explored by 30th March 2015</p>
27.	Consider additional training on the principles of good record keeping for nursing staff.	<ol style="list-style-type: none"> <li>1. Ward Sister to support the delivery of professional standards of documentation sessions to all ward staff.</li> <li>2. Ward Sister to undertake a</li> </ol>	<p>Evidence of training sessions</p> <p>Evidence of</p>	<p>Senior Sister Clare Robbins.</p> <p>Senior Nurse Judy Lloyd</p>	<p>Commenced by 1<sup>st</sup> March then ongoing.</p>

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		<p>documentation audit on 5 random notes.</p> <p>3. Ward Sister and Ward Clerk to review the documentation storage and security to ensure these comply with Health Board Policy.</p>	<p>audit cycle.</p> <p>Copies of regular audits and improvement plans.</p>		
Additional	<p>Locality recommendation: to disseminate the findings of the inspection, develop learning and improve the quality and dignity of care across all Powys Hospitals</p>	<ol style="list-style-type: none"> <li>1. The report and action plan to be agreed with the ward team, estates team, locality nurses, clinical team and locality management team.</li> <li>2. The report and action plan to be made available to all staff of all groups working on the ward.</li> <li>3. The Senior Nurse and the Ward Sister to meet weekly to review the action plan until the actions are complete.</li> </ol>	<p>Minutes of meetings</p> <p>Highlight Reports</p>	<p>Jason Crowl Lead Nurse</p>	<p>Commenced 1<sup>st</sup> March 2015</p>

Page Number	Recommendation	Health Board Action	Evidence types suitable to provide assurance	Responsible Officer	Timescale
		<p>4. The Senior Nurse will report to the Locality Management Team Monthly on progress.</p> <p>5. The Locality Management team will report to the Powys Quality and Safety Meetings bi monthly.</p>			

**Health Board Representative:**

**Name (print):** .....

**Title:** .....

**Signature:** .....

**Date:** .....