

Hospital Inspection Report (Unannounced)

Adferiad & Pillmawr Ward, St
Cadoc's Hospital, Aneurin Bevan
University Health Board

Inspection date: 19, 20 and 21 May 2025

Publication date: 21 August 2025



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80633-304-2

© Crown copyright 2025

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



Contents

1. What we did.....	5
2. Summary of inspection	6
3. What we found	10
Quality of Patient Experience	10
Delivery of Safe and Effective Care	15
Quality of Management and Leadership	23
4. Next steps	27
Appendix A - Summary of concerns resolved during the inspection	28
Appendix B - Immediate improvement plan	29
Appendix C - Improvement plan.....	30

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at St Cadoc's Hospital, Aneurin Bevan University Health Board on 19, 20 and 21 May 2025. The following hospital wards were reviewed during this inspection:

- Adferiad Ward - 22 beds providing Acute Mental Health Admission services
- Pillmawr Ward - 13 beds providing Locked Male Rehabilitation services.

Our team, for the inspection comprised of three senior HIW healthcare inspectors, three clinical peer reviewers (one of whom was the nominated Mental Health Act reviewer). The inspection was led by a senior HIW inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of three questionnaires were completed by patients or their carers and no questionnaires were completed by staff. However, we spoke to staff and patients during the inspection and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

During the inspection, we consistently observed staff working in what were clearly very busy ward environments. Despite these pressures, staff remained responsive and caring, ensuring that patients' needs were met effectively and appropriate support provided throughout their stay. Overall, we found that patients received timely care, with prompt assessments upon admission and there was evidence of effective discharge planning.

We only received three responses from patient or carers to our questionnaire. However, we considered the wards' internal patient feedback, complaints, and patient discussion data, to help us gain a better understanding of the overall patient experience. Feedback was generally positive. All patients we spoke with felt safe at the hospital and were able to speak with staff when needed.

It was encouraging to see a variety of activities and meetings taking place on Pillmawr Ward. However, during the inspection, we noted that there were limited structured activities available on Adferiad Ward. This appears to be largely due to the Occupational Therapist (OT) post currently being vacant. Filling this vacancy is important to ensure patients have regular access to meaningful and therapeutic activities.

Patients on Pillmawr Ward benefitted from having their own individual bedrooms, which provided them with a good level of privacy, and assisted staff in maintaining the dignity of patients. In contrast, Adferiad Ward includes a combination of shared dormitories and single bedrooms. Shared bedrooms do not reflect modern mental health care provision, and can compromise patient safety, privacy and dignity, and poses additional challenges for infection prevention and control.

This is what we recommend the service can improve:

- Occupational Therapy post on Adferiad Ward is filled as priority.
- The provision of single ensuite bedrooms to support privacy, dignity and modern mental healthcare is considered.

This is what the service did well:

- Good team working and motivated staff
- Responsive and caring staff.

Delivery of Safe and Effective Care

Overall summary:

Overall, we found appropriate systems and governance arrangements in place, which helped ensure the provision of safe and effective care for patients. A range of up-to-date health and safety policies were in place and various risk assessments had been completed, such as ligature point risk assessments and fire risk assessments. We also found evidence of clinical audit taking place, which was monitored by the clinical leads.

Appropriate processes were in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required. Ward staff had access to the health board safeguarding procedures, which were supported by the Wales Safeguarding procedures.

During the inspection we saw numerous examples of staff diffusing escalating behaviours and using de-escalation techniques sensitively. When safeholds were used these were applied in a caring and respectful manner.

We observed several medications rounds and noted staff undertook these appropriately and professionally and interacted with patients respectfully and considerately. However, the clinical rooms on both wards were excessively warm, which could compromise safe storage of medications and patient comfort.

Patient records were well organised, and improvements had been made relating to patient records since our last inspection. Patient data and their records were kept securely.

Most of the ward areas were clean, however, significant improvements are needed in the hospital's public spaces to create a more welcoming environment. On the first night of the inspection, unattended clinical waste and linen were found in corridors outside the wards, posing a potential infection risk. During the inspection, the hospital grounds and corridors were found to be poorly maintained with visible litter and debris. The entrance signage to wards was dirty, giving a poor first impression. Additionally, a lack of storage space on both wards led to some areas being cluttered.

In addition, several environmental concerns were identified within the Section 136 suite, including signs of damp, inadequate soundproofing that affects patient privacy and dignity. It was very disappointing that numerous environmental issues were noted across both Adferiad and Pillmawr Wards, such as damaged furniture, blocked sinks and poor shower and toilet facilities. Given that the health board's own environmental audits in 2023 and 2024 had also noted many of these issues, it was very disappointing that they remained unresolved.

This is what we recommend the service can improve:

- Review suitability of section 136 suite and make improvements
- Address the numerous hospital and ward environmental issues
- Clinical room temperatures.

This is what the service did well:

- Good standard of care planning
- Staff skills and caring responses when dealing with challenging situations.

Quality of Management and Leadership

Overall summary:

We observed a friendly and professional staff team who were committed to providing high quality care to patients. There was dedicated and passionate leadership displayed by staff, the ward managers and multi-disciplinary team.

There was a well-defined organisational structure in place, which provided clear lines of management and accountability. Effective systems provided access to management support during the day, with an on-call system in place at night.

Staff felt the culture on the ward was positive and said they would feel confident in raising a concern and knew the process of how to do so, and we saw evidence to confirm this.

Staff feedback on senior leadership visibility was mixed, with some feeling well supported while others expressed a need for more regular engagement from senior managers. However, the health board demonstrated strong systems for risk and incident management reports, with clear evidence of senior management oversight and follow-up actions.

Training compliance data was difficult to access, and figures showed gaps in key areas of mandatory training on Adferiad Ward such as manual handling, safeguarding and information governance. Additionally, staff had not completed the mandatory CD oxygen cylinder training. Although the cylinders in use at the time of the inspection were not those specified in the Welsh Government alert, the training remains essential to ensure staff are prepared to safely handle such equipment if introduced in the future.

Adferiad Ward had fewer activities compared to Pillmawr Ward and demonstrated a greater need for improvements in environmental standards and training compliance, whilst it is important to acknowledge the different challenges with the patient groups on both wards, the health board should reflect on these

differences and consider opportunities to support more consistent standards and resourcing across both wards.

This is what we recommend the service can improve:

- Enhance senior leadership visibility
- Improve access to training data and improve mandatory training figures
- Oxygen cylinder training to be completed across the health board.

This is what the service did well:

- Overview and management of risks and incidents
- Good compliance with staff supervision and appraisals regularly taking place
- Resilient, caring and supportive staffing group.

3. What we found

Quality of Patient Experience

Person-centred

Health promotion

Pillmawr Ward offered a variety of activities for patients. The communal area was well equipped featuring a tv room, pool table, books and board games. A poster displayed details of off-site activities. A range of health promotion materials were also available for patients' information and wellbeing.

Recent work had been undertaken on the outdoor garden area, which now features an all-weather astro turf surface. This created a pleasant and useable outdoor space for patients to enjoy throughout the year. In contrast, the garden on Adferiad Ward appeared unkempt.

The health board should ensure that patients on Adferiad Ward have access to a similarly well-maintained outdoor area to support their wellbeing and recovery.

Adferiad Ward had limited structured activities, which appeared to be due to the current vacancy in the Occupational Therapist post, and the high level of patient needs. Despite this, patients did have access to a TV, pool table and board games. However, there was a noticeable absence of health promotion materials available on the ward.

The health board must ensure that the OT post is filled to ensure that patients on Adferiad Ward have regular access to therapeutic and recreational activities.

The health board must ensure that patients have access to relevant health promotion materials.

Services are also provided by other professionals, such as physiotherapy and dietetics, in line with individual patient needs. Patients can also access a GP service, dental service and other physical health professionals where required. Our review of patient records confirmed that appropriate physical health assessments and ongoing monitoring are being carried out.

Dignified and respectful care

We found that staff engaged with patients appropriately and treated them with dignity and respect, which included ward staff, senior management, and administration staff.

The staff we spoke with were enthusiastic about their roles and how they support and care for the patients. We saw most staff taking time to speak with patients and address any needs or concerns they had. Throughout the inspection we consistently saw staff working in what were clearly very busy wards. Despite the pressures, staff remained focused and responsive, ensuring that patients' needs were met effectively. This showed that staff had responsive and caring attitudes towards patients. Patients also commented:

“Staff are incredible”

Ward entrances were secured with locked doors and an intercom system to prevent unauthorised access. Adferiad Ward consisted of a mix of single bedrooms and shared dormitories, with rooms lacking en-suite facilities. This arrangement does not align with modern standards for mental health care, as shared bedrooms can compromise patient safety, privacy and dignity, and pose challenges for infection prevention and control.

Whilst we acknowledge the cost involved with renovating a ward environment and the disruption this may have on bed availability during renovation, it would be beneficial to patients if the shared bedrooms were adapted to provide individual rooms with ensuite facilities, thereby enhancing their privacy .

The health board should consider how it can improve the patient experience and maintain their privacy and dignity for those who must share a bedroom.

On Pillmawr Ward all patient rooms have closable observation panels that can be open or closed from the outside, to enable staff to monitor a person when necessary. Patients can lock their bedroom doors. However, staff could override this when necessary. We saw staff respecting the privacy of patients by knocking on bedroom and bathroom doors before entering.

Patients were able to personalise their rooms and store their own possessions. Personal items are risk assessed on an individualised basis, to help maintain the safety of each patient. This included the use of personal mobile phones and other electronic devices. A telephone was also available for patients to use to contact friends or family if needed.

Staff wore personal alarms whilst they were working on the ward, and these were available for staff and visitors to use, if needed. To further support patients, nurse call points were located around the hospital and within patient bedrooms and bathrooms, so they could easily call for help if needed.

Adferiad Ward provided mixed gender care which can present challenges around aspects of dignified care. However, staff were knowledgeable and had effective safeguards and processes in place to manage these challenges to ensure that dignified care was maintained.

Individualised care

There was a clear focus on rehabilitation on the ward. Individualised patient care was supported by least restrictive practices, both in care planning and hospital practices.

Patients had an individualised weekly activity planner, which included personal and group sessions based within the hospital, and in the community when leave authorisation was in place. We also found that patients and their family/carers were fully involved in monthly multidisciplinary reviews.

There were facilities for patients to see their families in private. Rooms were also available for patients to spend time away from other patients according to their needs and wishes. Arrangements were in place for patients to make telephone calls in private.

We reviewed a sample of patient records for those detained under the Mental Health Act (the Act) and saw that the documentation required by legislation was in place. This showed that patients' rights had been promoted and protected as required by the Act. The quality of these documents is discussed later in the report.

Timely

Timely care

The hospital has patient flow/bed management processes in place, which includes patient information communications, to discuss and consider bed occupancy levels, and to help plan for any emerging patient admission or discharge issues.

Overall, we found that patients are provided with timely care during their ward admission. Their needs are promptly assessed upon admission, and we observed staff appropriately providing care and assisting patients when required. There was a mixed acuity and dependency of patients receiving care on the wards, and due to

the complex care needs of some patients, it was positive to see that staff, were providing one to one support and supervision to patients when appropriate.

During the evening inspection visit, a new patient was admitted onto the ward in a highly agitated state. Despite the challenging circumstances, staff remained calm, acted quickly and made sure both the new patient, and others on the ward were kept safe. This demonstrated, professionalism, strong teamwork and compassion for others whilst working under pressure.

Equitable

Communication and language

All patients we spoke with said they felt safe and were able to speak with staff when needed. They also said they were happy at the hospital, and that staff were kind and helpful. There was a clear mutual respect and strong relational security between staff, patients and family/ carers.

Throughout the inspection, we observed staff engaging and communicating in a positive and sensitive way with patients, taking time to help them understand their care, and using appropriate language or communication styles.

We were told that some bilingual (Welsh and English) staff are available on Adferiad Ward, this allowed staff to provide the active offer of speaking to patients in Welsh. However, at the time of the inspection there were no patients on either wards that spoke Welsh. We were told that translation services can also be accessed should patients need to communicate in other languages other than English or Welsh.

Where applicable, patients can receive support from external bodies, such as solicitors or patient advocacy services during patient specific meetings. With patients' agreement, and wherever possible, their families or carers were included in these meetings.

Bilingual information on HIW and the NHS Wales Putting Things Right process was also displayed.

Rights and equality

We found good arrangements in place to promote and protect patient rights. Legal documentation relating to detained patients under the Mental Health Act was compliant with the legislation.

All patients have access to advocacy services, and we were told that advocates visit the hospital when required. Staff told us that patients are invited to be part

of their MDT meeting and that the involvement of family members or advocates was encouraged where possible.

During our discussions with staff, they demonstrated suitable regard for upholding patient rights and individual patient preferences. The Care and Treatment Plans (CTPs) we reviewed evidenced that the social, cultural, and spiritual needs of patients had been considered. We saw that the hospital had an appropriate Equality, Diversity, and Inclusion policy available to help ensure that patients' equality and diversity were respected.

Delivery of Safe and Effective Care

Safe

Risk management

We found that systems and governance arrangements were in place to support safe and clinically effective care. An established electronic system was used to record, review, and monitor patient safety incidents. Staff confirmed that debriefs occur after incidents. Meetings and inspection evidence confirmed that incidents and physical interventions are monitored and well-supervised.

Nurse call points were available throughout the hospital, including patient bedrooms and bathrooms, allowing patients to summon help when needed. A range of current health and safety policies and risk assessments were in place, including ligature and fire risk assessments.

Environmental checks were conducted regularly, and we saw evidence of weekly ward manager inspections. However, further improvements are needed to enhance safety. The wards' environment appeared worn and in need of redecoration. Limited storage contributed to a cluttered and untidy appearance. Several environmental and maintenance issues were identified:

Adferiad Ward:

- Damaged furniture in the dining area
- Extra Care Area suite lacks natural light and has poor temperature control
- Broken kitchen cupboards
- Pooling water in the shower room (slip hazard)
- Blocked sink in a bedroom
- Male toilet: hole in wall, detached skirting board, visible mould
- Female toilets: brown staining in bowls
- Damaged lighting casing in the dining room
- Water cooling cabinet requires replacement.

Pillmawr Ward:

- Blocked sink in Room 13
- Mould in the shower area
- Non-functioning toilet
- Shower fan needs cleaning.

Many of these issues were previously identified in 2023 and 2024 environmental audits but remain unresolved.

The health board should review the maintenance log, which is extensive, and strengthen its approach to addressing environmental concerns. A clear and timely process is needed to ensure issues are resolved and the environment remains safe and well-maintained for patients and staff.

The health board must address the environmental issues and resolve them in a prompt and timely manner.

In addition, there was limited storage space on the wards which contributed to a cluttered and disorganised appearance in some areas. For example, the Occupational Therapy (OT) room on Adferiad Ward was being used to store equipment and supplies, reducing its availability for therapeutic use. Similarly, the visiting room on Pillmawr Ward was being used to store various items.

The health board should conduct a review of current storage needs and identify alternative, dedicated storage solutions to free up key therapeutic and communal spaces.

Infection, prevention and control and decontamination

Overall, infection prevention and control (IPC) processes appeared appropriate. Staff had access to and were using Personal Protective Equipment (PPE) correctly, with PPE consistently available. Adequate handwashing, drying, and sanitisation facilities were also in place. Cleaning equipment was stored safely and waste disposal arrangements for both domestic and clinical waste were suitable.

Some staff demonstrated good knowledge of IPC practices, and regular audits were being conducted. However, the wards should ensure that all staff are familiar with national IPC models and policies. Staff compliance with mandatory IPC training on Adferiad Ward was 79.07% and 93.10% on Pillmawr Ward.

While most ward areas were clean, improvements are needed in the hospital's public areas to enhance both infection control and the overall patient and visitor experience. During the inspection, we observed:

- Poorly maintained hospital grounds and corridors, with visible rubbish, cigarette ends, dust, debris, and cobwebs
- Dirty signage at the hospital entrance, which may create a negative first impression.

During the evening of our inspection, we saw unattended bags of clinical waste and soiled linen in corridors outside the wards. This posed a potential infection risk to patients, staff, and visitors using these areas. We immediately raised our concerns with senior hospital management at the time of the inspection. In response, staff

promptly removed the waste and linen, and we received assurances that appropriate procedures for the storage and disposal of such materials would be followed going forward. Maintaining clean, organised, and welcoming public areas is essential not only for infection control but also for promoting a professional and therapeutic environment.

The health board must ensure that they implement a regular cleaning and maintenance schedule for public areas, including signage and external grounds.

Safeguarding of children and adults

Appropriate processes were in place to ensure that staff safeguarded vulnerable adults and children, with referrals to external agencies as and when required.

Ward staff had access to the health board safeguarding processes, which were supported by the Wales Safeguarding procedures, accessible via the intranet. Senior ward staff confirmed they were confident that staff were aware of the correct procedure to follow should they have a safeguarding concern. During discussions with staff, they were able to show knowledge of the process of making a safeguarding referral.

Management of medical devices and equipment

There were regular clinical audits undertaken at the hospital and we saw evidence of regular auditing of resuscitation equipment. Staff had documented when this had occurred to ensure that the equipment was ready for use and in date.

During staff discussions, it was evident that staff were aware of the locations of ligature cutters in case of an emergency.

During the inspection, it was noted that staff had not completed the mandatory CD oxygen cylinder training. This training is required under a Welsh Government alert and is essential for the safe handling and use of oxygen cylinders in clinical settings. While staff on both wards currently don't have access to this specific type of cylinder, it's important that all staff across the health board are trained, as these cylinders may be used in other areas or during emergency situations.

The health board should ensure that CD oxygen cylinder training is rolled out to all relevant staff, regardless of current access to the equipment. This will help maintain a consistent standard of safety and preparedness across all services.

Medicines management

We found suitable arrangements in place for the management of medicines and its safe and secure storage. We also saw evidence of regular temperature checks of the medication fridge to maintain safe temperature storage.

Medication stock is checked daily by registered staff, and weekly audits are undertaken by the clinical leads. We observed several medication rounds, and saw staff undertook these appropriately and professionally, and interacted with patients respectfully and considerately.

During the inspection, it was identified that the clinical rooms on both wards were excessively warm. Maintaining appropriate temperatures in clinical areas is vital to ensure the comfort of both staff and patients, as well as to support the safe storage of medications and medical equipment. While there was evidence that the health board had conducted some monitoring of the elevated temperatures, both rooms remained uncomfortably hot. Staff reported that this has been a persistent issue, particularly during warmer weather.

The health board must thoroughly investigate the consistently high temperatures in the clinical areas and implement effective measures to address the problem.

During our visit to the wards, while reviewing patient Medication Administration Records (MAR charts), we noted that CO2 and CO3 forms were not attached. These forms are legally required under the Mental Health Act for specific treatments. Ensuring these documents are in place is essential to confirm that treatment is being administered lawfully, and that patients' rights are upheld.

The health board must ensure that all legally required documentation, including CO2 and CO3 forms, is consistently completed and attached to MAR charts.

Effective

Effective care

Overall, we found appropriate governance arrangements in place which helped ensure that staff provide safe and clinically effective care for patients.

Staff confirmed that de-briefs take place following incidents. Meetings we attended and evidence obtained during the inspection confirmed that incidents and use of physical interventions (such as restraint) are checked, analysed, and supervised.

The inspection team witnessed positive redirection and de-escalation of difficult behaviours on Adferiad Ward during the inspection, all of which were done respectfully and in a very supportive manner.

Staff training compliance for Physical Intervention was currently at 96% on Adferiad Ward and 94% on Pillmawr Ward. Each shift continues to maintain adequate coverage with trained staff to manage situations requiring physical intervention. However, it was noted that bank staff working on the wards do not currently receive physical intervention training. Despite this, senior managers ensure that enough trained staff are always present when bank staff are working.

The health board must liaise with the health board's temporary staff department, to gain assurance that any bank staff working in areas which may need to undertake physical intervention (restraint), have received the required training, to maintain the safety of staff and patients.

There was an established electronic system in place for recording, reviewing, and monitoring incidents. Incidents were entered on to the health board's incident reporting system (DATIX).

There was a hierarchy of incident sign-off which ensured that incident reports were reviewed in a timely manner. Regular incident reports were produced and reviewed so that the occurrence of incidents could be reviewed and analysed. Arrangements were in place to disseminate information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation.

Nutrition and hydration

Patients are given the opportunity to choose their meals each morning. The 'You said we did' board indicated that food on Adferiad Ward is a frequent topic of patient feedback. Most patients interviewed expressed dissatisfaction with the limited variety and lack of options on the menu. Although the menu caters to a range of dietary needs, including vegetarian, halal, and gluten-free, patients reported a lack of appealing healthy choices. Notably, during the inspection, healthy options were available at lunchtime, but none of the patients selected them.

Patients on Pillmawr Ward, were able to access the OT kitchen, however, Adferiad Ward currently does not have an Occupational Therapy (OT) service, limiting opportunities for patients to engage in meal preparation and develop independent living skills.

Patients can store snacks and drinks and may request hot drinks from staff. However, the ward environment on Adferiad was found to be uncomfortably hot,

particularly in the kitchen area, due to a plastic sunroom. Additionally, the water-cooling cabinet was observed to be cracked and broken.

The health board should consider:

- Reviewing and expanding the food menu
- Explore options to provide patients with access to OT led cooking sessions
- Assess the temperature regulation in the kitchen area
- Ensure the water cooler is repaired or replaced.

Patient records

Patient records were being kept electronically. The electronic system was password protected to prevent unauthorised access and breaches in confidentiality. We used the system throughout the inspection and found it was challenging to navigate, and this raised some concerns regarding temporary or agency staff being able to access relevant and appropriate information. Similar concerns were identified during a previous inspection in another area of the health board, suggesting this may be a wider systemic issue. Staff also reported that the system was time consuming to use, and that retrieving information could be challenging, and that temporary staff were often not given passwords. This potentially impacts on information not being recorded in patients notes in a timely way.

The health board should consider a broader review of electronic record systems across sites to ensure consistency, usability, and effectiveness and review how the system is impacting upon staff ability to accurately record and retrieve data, with particular attention to the accessibility and useability of the system for temporary and agency staff.

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely. There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Further information on our findings in relation to patient records and care plans is detailed in the Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision section of this report.

Mental Health Act monitoring

We reviewed the statutory detention documents for five patients and found that all detentions were legally compliant with the requirements of the Mental Health Act. The documentation was well organised easy to navigate and contained detailed and relevant information.

The Mental Health Act Administrator operates an efficient and effective system to support the implementation, monitoring, and review of the legal requirements under the Act. However, it was noted that some staff had not undertaken training in the Mental Health Act training.

The health board must ensure that staff complete Mental Health Act training.

Monitoring the Mental Health (Wales) Measure 2010: care planning and provision

We reviewed the Care and Treatment Plans (CTPs) of five patients. The records evidenced a fully completed and current overall physical health assessment and standardised monitoring documentation, such as NEWS¹ and MUST². In addition, there were standardised assessments based on the individual patient needs. Management of patients' behaviours were reflected in their care plans and risk management profile, along with staff training, to use skills to manage and defuse difficult situations. However, we identified that one CTP had not been updated on Pillmawr Ward.

The health board should ensure that all Care and Treatment Plans (CTPs) are reviewed and updated regularly.

It was positive to see that the clinical records clearly showed patient and family involvement in care discussions, which were patient focussed.

There was evidence that care plans are reviewed regularly by staff and updated to reflect current needs and risks. Physical health monitoring is consistently recorded in patient records. Risk management plans were good with detailed risk assessments and risk management strategy plans. In addition, there was evidence of active planning and discharge planning for long term placements.

The records we reviewed contained detailed evidence of appropriate discharge and aftercare planning, with good involvement from the MDT, care co-ordinators and relevant partner services within the local community.

¹ The National Early Warning Score is a guide used by medical services to quickly determine the degree of illness of a patient. It is based on the vital signs such as, respiratory rate, oxygen saturation, temperature, blood pressure, pulse/heart rate, AVPU (alert, verbal, pain, unresponsive) response.

² MUST (Malnutrition Universal Screening Tool) is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan

Efficient

Efficient

The ward held meetings daily, which adequately established the bed occupancy levels, observations, staffing levels and any emerging and changing patient issues.

We found a generally good level of communication between staff working on the wards and the sharing of information during shift handover meetings.

We were told that the health board faces ongoing challenges with availability of move on placements, pressure on beds, and blockages within the wider acute care system. Records we reviewed documented efforts made by ward staff and community teams to find suitable placements and expedite discharge as quickly as possible and in a safe manner. Upcoming discharges, admissions and transfers were all discussed in the daily meetings.

Quality of Management and Leadership

Leadership

Governance and leadership

There was a clear organisational structure in place, providing clear lines of management and accountability. Staff defined these arrangements during the day, and with senior management and on-call systems in place for the night and out of hours.

The day-to-day management of the wards was the responsibility of the ward managers. The ward managers were supported by senior nurses. During interviews with staff, we were told that the ward managers were caring and supportive leaders.

We observed a positive staff culture with good relationships between staff who worked well together as a team. Most staff spoke positively about the leadership at the hospital and from senior managers within the health board's mental health directorate. However, there was a mixed response from staff regarding the visibility of senior leadership beyond the wards. While some felt well-supported, others expressed a desire for more regular engagement and presence from senior managers on the wards.

Some staff reported that the Senior House Officer (SHO) had been relocated to another area within the health board. The SHO plays a crucial role in delivering timely, safe, and effective care, especially in high-risk environments such as Section 136 suites. Several staff members expressed that they missed the SHO's presence during night shifts, particularly given the location of the Section 136 suite at this hospital.

It is recommended that the health board review whether the absence of an onsite SHO has led to any delays in physical or medical assessments, unmet patient needs, or other clinical impacts.

Workforce

Skilled and enabled workforce

Staff we interviewed spoke passionately about their roles, and throughout the inspection we observed a strong and cohesive team working together.

Staff were generally able to access and provide most of the requested documentation promptly. However, there was a notable delay in retrieving mandatory training compliance data for the wards.

The training figures shared during the inspection showed that, while overall compliance was reasonable, there were significant shortfalls on Adferiad Ward. For example, manual handling training compliance stood at just 37.21%, information governance at 58%, and safeguarding training at 67.44%—all below expected standards. Maintaining accurate and up-to-date training records is essential to ensure staff are equipped to deliver safe, effective care and to support accountability and continuous improvement.

The health board should implement a more efficient system for recording and accessing training compliance data and ensure this forms a routine part of governance and oversight processes.

We were provided with a range of policies, the majority of which were in date; however, the following policies required review:

- Use of Restrictive Interventions review date September 2019
- All Wales Treatment Escalation review date March 2024
- Rapid Tranquilisation review date November 2023.

The health board must ensure that policies are reviewed in a timely manner to ensure they are current.

There were appropriate systems in place to ensure that recruitment followed an open and fair process. Prior to employment, staff references are sought, Disclosure and Barring Service (DBS) checks are undertaken, and professional qualifications are checked.

Newly appointed staff undertook a period of induction under the supervision of the experienced ward staff. Staff also showed us evidence of this and described the induction process to us.

We saw evidence that staff annual appraisals had been undertaken along with supervision, and staff explained that supervision takes place on a regular basis.

Culture

People engagement, feedback and learning

Arrangements were in place to quickly share information and lessons learnt to staff from complaints and incidents at the hospital and the wider organisation. This

helps to promote patient safety, and continuous improvement of the service provided.

We saw that information was available on Duty of Candour, however some staff were unclear if they had received training. Despite this, staff did demonstrate an understanding of the Duty of Candour process during interviews and discussions.

The health board must ensure that staff are aware of the requirements of Duty of Candour and that all staff receive appropriate training.

Staff told us that they would feel secure raising concerns about patient care or other issues at the hospital and felt confident that the health board would address their concerns. A whistleblowing policy was in place to support when raising such concerns.

Information

Information governance and digital technology

We considered the arrangements for maintaining patient confidentiality and adherence to Information Governance and the General Data Protection Regulations 2018 within the wards.

We were told that all staff have a personal login with password protection to access the intranet. This helps ensure prompt access to policies and procedures, and to access the Datix incident reporting system. In addition, staff said they understand their roles and responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Staff training compliance for information governance was 85% on Pillmawr, while Adferiad Ward reported a lower rate at 58%, indicating a need for improvement. Staff were able to describe their role and responsibilities in managing personal and sensitive information.

Learning, improvement and research

Quality improvement activities

The OT on Pillmawr Ward had introduced the Vona du Toit Model of Creative Ability, a practice-based model primarily used in occupational therapy, especially within mental health care and learning disabilities settings. The OT reported that this had been a real success in terms of patient engagement, but the OT was not able to deliver the full model due to lack of resources.

The health board should continue to support the model and provide resources for patients to continue benefiting from the therapy.

Pillmawr Ward was recently recognised with a “Going the Extra Mile in Nursing” award and named “Team of the Year” in the healthcare support category, following efforts such as organising a charity boot sale and using the funds raised to support patient outings like Christmas dinners. Patients on the ward also take part in a voluntary dog-walking scheme, as well as community-based activities including walking football and rugby groups. These initiatives support patient wellbeing and help promote reintegration into the community prior to discharge.

Whole-systems approach

Partnership working and development

Staff described how the service engages with others to support partnership working in the interest of patient care, and to initiate and implement developments. It was positive to hear about the ongoing engagement with outside partner agencies, such as local authorities, General Practitioners, housing departments, community health services, to ensure a whole systems approach to patient care. In addition, we were told that senior staff attend regular joint agency meetings to discuss any issues.

The ward manager on Pillmawr spoke positively about the collaboration with Growing Space, a mental health charity that works closely with both staff and patients to support engagement in creative activities and skill development with the patient group. In addition, citizens advice attends the ward every Monday to help support patients with discharge planning.

4. Next steps

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

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

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We observed unattended bags of clinical waste and linen in corridors outside the wards.	This posed a potential infection risk to patients, staff, and visitors using these areas.	Brought to the attention of Senior night manager.	Staff promptly removed the waste and linen, and we received assurances that appropriate procedures for the storage and disposal of such materials would be followed going forward.

Appendix B - Immediate improvement plan

Service: Adferiad and Pillmawr Wards

Date of inspection: 19 - 21 May 2025

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No immediate assurances were identified during this inspection.					

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Adferiad & Pillmawr Wards

Date of inspection: 19 - 21 May 2025

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	The garden on Adferiad Ward appeared unkempt.	The health board should ensure that patients on Adferiad Ward have access to a well-maintained outdoor area to support their wellbeing and recovery	Managing risk and promoting health and safety.	Adferiad garden grass area cut by the Council on 20/06/25.	Ward Manager	Complete on a rolling schedule - to be monitored
				Working Group being established to look at utilising the 2 x side garden areas (Pillmawr and Adferiad) for therapeutic activities to include Growing Spaces.	Clinical Psychologist Service Improvement Manager	Meeting with Growing Space on 18/07/25 to scope out the areas. Working Group to

				Capital Bid being developed to request monies via RPB funding (Welsh Government) to re-develop the main garden on Adferiad Ward		meet W/C 21/07/25 following meeting with Growing Space 18/07/25 to agree specification for the main garden
2.	Adferiad Ward had limited structured activities, which appeared to be due to the current vacancy in the Occupational Therapist post.	The health board must ensure that the OT post is filled to ensure that patients on Adferiad Ward have regular access to therapeutic and recreational activities.	Workforce	Band 7 Lead OT commenced in post on 30/06/2025 Band 5 OT rotational post has been allocated to Adferiad Ward	Professional Lead for OT	Complete Starting October 2025

				Adferiad Ward are currently shortlisting for a Band 3 OTSW Tech post		Interviews end of July
3.	There was a noticeable absence of health promotion materials available on the ward.	The health board must ensure that patients have access to relevant health promotion materials.	Patient information	<p>Pillmawr Ward have a range of health promotion materials on display</p> <p>Display board ordered for Adferiad Ward to display relevant information.</p> <p>The Ward Managers meeting will include a discussion on establishing a consistent method for displaying information</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Ward Manager</p>	<p>Complete</p> <p>Ordered 04/07/25</p> <p>Meeting 05/08/25</p>
4.	Adferiad Ward consisted of a mix of single bedrooms and shared dormitories, with rooms lacking en-suite facilities	The health board should consider how it can improve the patient experience and maintain their privacy and dignity, for those who must share a bedroom.	Dignified care	Single room occupancy options will be reviewed with the Divisional Management Team at the Assurance Meeting on 11/07/25.	Directorate Management Team	For discussion 11/07/25

5.	Damaged furniture in dining area Adferiad Ward.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	Damaged chairs have now been removed, and new furniture has been ordered New furniture has started arriving in stages	Ward Manager	All items are expected to be delivered by the end of July.
6.	ECA suite lacks natural light and has poor temperature control	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	A capital bid is being prepared to use RPB capital funds for the refurbishment of the ECA, which includes plans for a back door and outdoor area.	Deputy Directorate Manager	Capital Bid to be submitted by end of July - following costings from Estates
7.	Broken kitchen cupboards on Adferiad Ward	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	Capital monies have been released to refurbish the 2 x kitchens - 12 weeks lead time from order	Works and Estates Department	Estimated start date beginning of November 2025 (due to 12-week lead time)
8.	Pooling water in the shower room n Adferiad Ward was a slip hazard	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	Refer the ongoing drainage issues to the Estates team for further investigation	Works and Estates Department	Awaiting confirmation from Estates

				<p>(email sent to Estates on 07/07/25).</p> <p>Flooring to be re-sealed - escalated to Estates on 26/06/25</p> <p>Facilities will steam clean the area once flooring completed</p> <p>Further assurance assessment to be completed by Health & Safety and Infection Prevention and Control</p>		<p>Escalation email from Deputy Directorate Manager 07/07/25</p>
9.	Blocked sink in bedroom area on Adferiad Ward	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	This has now been resolved	Works and Estates Department	Complete
10.	Male toilet on Adferiad Ward had a hole in wall, detached skirting board and visible mould	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	<p>Reported to Estates: ref 200283</p> <p>Further assurance assessment to be</p>	Works and Estates Department	<p>Escalation email from Deputy Directorate Manager 07/07/25</p>

				completed by Health & Safety and Infection Prevention and Control		
11.	Female toilets on Adferiad Ward had brown staining in bowls.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	Escalated to Facilities Manager who attended Adferiad Ward 03/07/25 - actichlor cleaning tablet activated in toilets.	Facilities Manager	Complete - Directorate Manager has requested that this is monitored regularly.
12.	Damaged lighting casing in the dining room on Adferiad Ward.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	Escalated to Estates Manager.	Works and Estates Department	Escalation email from Deputy Directorate Manager 07/07/25
13.	Blocked sink in room 13 on Pillmawr Ward.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	This has now been rectified	Works and Estates Department	Complete
14.	Mould in shower area on Pillmawr Ward.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	This has been escalated to works and Estates ref: 202484 Further assurance assessment to be	Works and Estates Department	Escalation email from Deputy Directorate Manager 07/07/25

				completed by Health & Safety and Infection Prevention and Control	Health & Safety Infection Prevention & Control	End of July 2025
15.	Non- functioning shower on Pillmawr Ward.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	<p>All items have now been removed, and water is being run regularly.</p> <p>A deep clean undertaken by Facilities 03/07/25</p> <p>Further assurance assessment to be completed by Health & Safety and Infection Prevention and Control</p>	<p>Ward Manager</p> <p>Facilities</p> <p>Health & Safety Infection Prevention & Control</p>	<p>Complete</p> <p>Complete</p> <p>End July 2025</p>

16.	Fan in shower room on Pillmawr requires cleaning.	The health board must address this environmental issue and resolve it in a prompt and timely manner.	Managing risk and promoting health and safety.	This has now been rectified and will be monitored	Ward Manager	Complete
17.	There was limited storage space on the wards. The Occupational Therapy (OT) room on Adferiad Ward was being used to store equipment and supplies. The visiting room on Pillmawr Ward was being used to store various items.	The health board should conduct a review of current storage needs and identify alternative, dedicated storage solutions to free up key therapeutic and communal spaces.	Managing risk and promoting health and safety.	Adferiad - Room allocated for storage on the ward Pillmawr - A room has been identified for storage (Old Drs Flat).	Ward Manager Ward Manager	Complete by 10/07/25; room must be cleared and ready for use. To be complete by 09/07/25
18.	During the inspection, we observed: <ul style="list-style-type: none"> Poorly maintained hospital grounds and corridors, with visible 	The health board must ensure that they implement a regular cleaning and maintenance schedule for public areas, including signage and external grounds.	Infection Prevention and Control (IPC) and Decontamination	Email sent to HB Works and Estates, to address hospital signage and debris Cigarette bins ordered due to fitted- awaiting minor works	Works and Estates Department	Awaiting response from works and estates.

	<p>rubbish, cigarette ends, dust, debris, and cobwebs.</p> <p></p> <ul style="list-style-type: none"> Dirty signage at the hospital entrance, which may create a negative first impression. 					
19.	Staff had not completed the mandatory CD oxygen cylinder training.	The health board should ensure that CD oxygen cylinder training is rolled out to all relevant staff.	Workforce	<p>Relevant information have been widely distributed to support the training. Posters are currently displayed at Adferiad and Pillmawr</p> <p>Directorate Management Team to monitor compliance in the Directorate QPS</p>	<p>Ward Managers</p> <p>Senior Nurses</p> <p>Directorate Management Team</p>	<p>Complete</p> <p>Compliance to be monitored via directorate</p> <p>QPS Ongoing and to be monitored monthly</p>

				meeting and Assurance meetings		
20.	Clinical rooms on both wards were uncomfortably hot.	The health board must thoroughly investigate the consistently high temperatures in the clinical areas and implement effective measures to address the problem.	Medicines Management	<p>The costs for installing air conditioning in the Clinic Rooms at Pillmawr and Adferiad have been requested, following consultation with the Estates Manager during the Divisional Estates meeting held on 26/06/25.</p> <p>Added as a Risk on the Risk Register and on the Capital priorities register</p>	Works and Estates Department	Costs requested on 02/07/25 Ref: 203518 Email to Works and Estates 07/07/25 to request these urgently
21.	CO2 and CO3 forms were not attached to MAR charts.	The health board must ensure that all legally required documentation, including CO2 and CO3 forms, is consistently	Patient Records	Action applicable to Adferiad - Designated Nurse in Charge added to weekly checklists.	Ward Manager	Complete - ongoing monitoring

		completed and attached to MAR charts.				
22.	Bank staff working on the wards do not currently receive physical intervention training.	The health board must liaise with the health board's temporary staff department, to gain assurance that any bank staff working in areas which may need to undertake physical intervention (restraint), have received the required training, to maintain the safety of staff and patients.	Workforce	<p>On each shift there is a minimum of 4 PMVA trained staff. All substantive staff are booked on to PMVA training as part of the induction.</p> <p>PMVA is always logged as a requirement when requesting Bank and Agency staff.</p> <p>Discussion via the Divisional QPS meeting to look at escalation to the Resource Bank Department</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Deputy Divisional Nurse</p>	<p>Complete</p> <p>Complete</p> <p>To be discussed in Divisional QPS meeting 09/07/25</p>
23.	Most patients interviewed expressed dissatisfaction with	The health board should review and engage with	Nutrition and Hydration	Meeting with facilities Manager to look at	Facilities Department	Meeting to be arranged

	the limited variety and lack of options on the menu	patients regarding the food menu.		options for adding some variety to the menu Wards to collect patient feedback regarding the menu options. Pillmawr Ward has introduced 'Take Away' evenings, during which patients purchase their own food.	Ward Manager Ward Manager	for WC 14/07/25 To gain feedback by end of July 2025 Complete
24.	Adferiad Ward currently does not have an Occupational Therapy (OT) service, limiting opportunities for patients to engage in meal preparation and develop independent living skills.	The health board should explore options to provide patients with access to OT led cooking sessions.	Workforce	Adferiad Ward - Occupational Therapists will use the patient kitchen, once it is refurbished in November, to facilitate patient cooking activities. Activity Plan to be developed - Lead OT now in post.	Lead OT Lead OT	November 2025 To be developed by the end of July 25

				Working Group being established to look at utilising the 2 x side garden areas (Pillmawr and Adferiad) for therapeutic activities to include Growing Spaces		Meeting with Growing Space on 18/07/25 to scope out the areas. Working Group to meet WC 21/07/25.
25.	The ward environment on Adferiad was found to be uncomfortably hot, particularly in the kitchen area, due to a plastic roofed sunroom.	Assess the temperature regulation in the kitchen area.		Temperature of the kitchen area to be explored by Estates in the line with the new kitchen refurbishment - due for completion Nov 25	Works and Estates Department	
26.	The electronic system used by the health board was difficult to navigate and this raised some concerns regarding temporary or agency staff being able to access relevant and appropriate information.	The health board should consider a broader review of electronic record systems across sites to ensure consistency, usability, and effectiveness and review how the system is impacting upon staff ability to accurately record	Governance, Leadership and Accountability	WCCIS - Case of Change currently in progress - identified replacement system and awaiting implementation in 2027	Divisional Lead for Performance	Email to Lead of Performance on 07/07/25 to request for this to be explored and raised in the

		and retrieve data, with particular attention to the accessibility and useability of the system for temporary and agency staff.		Temporary staff - A temporary login option is under consideration		Directorate Assurance meeting 10/07/25
27.	Some staff had not undertaken training in the Mental Health Act training.	The health board must ensure that staff complete Mental Health Act training.	Workforce	The MHA department has been asked to provide training dates three months in advance to better align with rosters, facilitating attendance for wards.	MHA Act Department Directorate manager	Complete - dates being sent for 3 months in advance Directorate Management Team to monitor compliance on a monthly basis
28.	We identified that one CTP had not been updated on Pillmawr Ward.	The health board should ensure that all Care and Treatment Plans (CTPs) are reviewed and updated regularly.	Patient Records	This was on WCCIS in the wrong place - all staff reminded of the correct procedure. Ward review CTPs weekly (3 monthly	Ward Manager	Complete monitored by Ward Manager

				cycle for all patients) prior to Ward Round		
29.	Several staff members expressed that they missed the SHO's presence during night shifts, particularly given the location of the Section 136 suite at this hospital.	It is recommended that the health board review whether the absence of an onsite SHO has led to any delays in physical or medical assessments, unmet patient needs, or other clinical impacts.	Governance, Leadership and Accountability	An email was distributed to all department leads at St Cadocs on 02/07/25 to gather their feedback. Following this a review will be completed.	Directorate Management Team	A meeting is scheduled for the week commencing 14 July 2025 with the Medical Lead to review feedback and discuss the presence of SHOs at the St Cadoc's site.
30.	There was a notable delay in retrieving mandatory training compliance data for the wards. Training compliance needs to be improved.	The health board should implement a more efficient system for recording and accessing training compliance data and ensure this forms a routine part of governance and oversight processes.	Governance, Leadership and Accountability	The Directorate Management Team is collecting training compliance data centrally on a monthly basis for all wards. A live version will be made available through SharePoint.	Directorate Management Team	SharePoint to be live by end of July 25

31.	<p>The following policies required a review:</p> <ul style="list-style-type: none"> • Use of Restrictive Interventions review date September 2019 • All Wales Treatment Escalation review date March 2024 • Rapid Tranquilisation review date November 2023 	The health board must ensure that policies are reviewed in a timely manner to ensure they are current.	Governance, Leadership and Accountability	<p>Policies are currently under review.</p> <p>The policies remain relevant and are in use.</p> <p>Use of restrictive Intervention policy review is led by corporate H&S.</p>	<p>Assistant Divisional Nurse</p> <p>Health & Safety</p>	<p>September 2025</p> <p>Monitored via Divisional Policy group.</p> <p>Restrictive Intervention Policy due for ratification in September 2025</p>
32.	Some staff were unclear if they had received Duty of Candour Training.	The health board must ensure that staff are aware of the requirements of Duty of Candour and that all staff receive appropriate training.	Workforce	Email cascaded on 03/07/25 to all Team Leads and Ward Managers to share the link to the Duty of Candour Intranet page, training video and information Leaflet	All Professional Leads	Complete

				ESR training will go live by November 2025.		November 2025
33	OT was not able to deliver full model of care due to lack of resources.	The health board should continue to support the model and provide resources for patients to continue benefiting from the therapy.	Workforce	<p>The Divisional Head of OT will address the issue of limited resources. This matter is scheduled for discussion at the Directorate Assurance meeting on 10/07/25.</p> <p>Pillmawr ward are still currently implementing the model within the given resources from the Directorate/Division.</p>	Divisional Head of OT	Discussion to be held in Assurance meeting 10/07/25

Oversight and monitoring of the action plan will be undertaken by the following groups: -

- MH/LD Divisional QPS Group
- Adult Mental Health Action Plan Monthly Meeting
- Quality Management Group

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): Amy Buckley

Job role: Assistant Divisional Nurse

Date: 07/07/2025