

# Hospital Inspection Report (Unannounced)

Maldwyn Ward, Victoria Memorial  
Hospital, Powys Teaching Health  
Board

Inspection date: 5 and 6 November 2025

Publication date: 6 February 2026



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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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

## Our purpose

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

## Our values

We place people at the heart of what we do.

We are:

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

## Our goal

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

## Our priorities

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



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# 1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Victoria Memorial Hospital in Welshpool, Powys Teaching Health Board on 5 and 6 November 2025. The following hospital wards were reviewed during this inspection:

- Maldwyn Ward - providing general medical, rehab and palliative care services

Our team for the inspection comprised of two HIW healthcare inspectors, two clinical peer reviewers and a patient experience reviewers.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 7 were completed. Due to the patient group, questionnaire uptake was limited but all patients were offered the opportunity to speak with our patient experience reviewer.

We also spoke to staff working at the service during our inspection, unfortunately no completed staff questionnaires were received. Feedback 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:

We observed kind and respectful interactions between staff and patients, with care delivered in a manner that was appropriate and met individual patient needs. Patients appeared well-kempt, dressed and sat up out of bed, where able to.

The ward environment was bright, well-maintained, and provided longer-stay patients with a comfortable setting in which to receive care. Notably, the palliative care suite offered patients privacy, direct access to an outdoor area, and a relatives' room adjacent to the suite.

Patients had access to a pleasant, well-maintained covered outdoor area for use during the warmer months. Links had been established with the local community through the hospital League of Friends group, which has supported significant developments to the ward and wider hospital.

Therapeutic input was provided by an on-site team. Despite continued efforts to ensure that patients received a meaningful level of therapeutic input, this was inhibited by workforce challenges. This had also led to reduced timetabled activities on the ward. The health board is required to ensure workforce arrangements within the rehabilitation therapies team is sufficient to meet patient needs.

Patients expressed a high level of satisfaction with the ward. However, a recurring theme in patient feedback was a desire for more information about their care journey and anticipated discharge date. The health board should ensure that patients are regularly reminded or reassured regarding their care journey and any discharge plans.

This is what we recommend the service can improve:

- Workforce arrangements within the rehabilitation therapies team should be reviewed
- Patients should be regularly reminded or reassured regarding their care journey and any discharge plans
- The health board must work with local authority colleagues to ensure that Deprivation of Liberty (DOLS) assessment and authorisation times are monitored.

This is what the service did well:

- Kind, respectful and individualised care was provided to patients
- There was a good emphasis on supporting patients holistic needs to aid early and effective discharge
- The ward environment provided patients receiving end of life care with a calm and dignified space.

## Delivery of Safe and Effective Care

Overall summary:

The environment appeared overall fit for purpose, with well-organised and well-maintained patient rooms and bays. The main entrance to the ward was secure, with buzzer-controlled access. We identified some areas for the health board to reflect on regarding ward security more broadly.

Ward management had made notable efforts to reduce the number of open Datix incidents. Suitable processes were in place to ensure that incidents are reported, responded to and, importantly, that learning is cascaded to staff in a timely and effective manner.

The ward was visibly clean and well-organised. Infection Prevention and Control (IPC) arrangements were found to be well managed overall, with domestic staff working diligently to maintain ward cleanliness.

Medication arrangements, including medication rounds and controlled drug arrangements, were well managed on the ward. The clinic was secure and well stocked, minimising the need for out-of-hours medication requests. Fridge temperature checks had been completed, and cold-chain medication was appropriately stored.

We observed an MDT meeting that demonstrated a patient-focused and respectful professional dialogue between attendees. Staff showed a thorough understanding of patients, and their views were carefully considered. These meetings also placed strong emphasis on discharge planning from the point of admission.

For patients with urgent or deteriorating medical needs, care and treatment was appropriately prioritised. We reviewed the record of a patient who had received end of life care. This patient received timely input, including symptom control, with an up-to-date pain assessment and regularly reviewed care plan.

Falls, pressure and skin tissue damage assessment, prevention and care was generally well managed in the ward. Whilst not all assessments were completed

within the recommended timeframe upon admission, all patients had their needs met through care planning, access to a range of equipment, and regular reviews.

Patient nutrition and hydration needs were well met. We observed food and drinks placed within arm's reach of patients, with support provided to eat when required, in an unhurried manner. The food itself looked appetising and was freshly prepared on-site. Nutrition assessments were completed, and when indicated, speech and language therapy (SALT) referrals were made to support patients with additional needs.

This is what we recommend the service can improve:

- Ward security must be reviewed in line with feedback provided
- Falls and pressure assessments must be completed within the appropriate timeframes

This is what the service did well:

- Notable efforts had been made in relation to incident reporting, management and cascading of learning
- MDT meetings were effectively and cohesively run, with a good emphasis on discharge planning
- There was an overall good standard of nursing care provided.

## Quality of Management and Leadership

Overall summary:

Ward management was well organised, supportive of the ward team, and knowledgeable about the ward and health board procedures. The two deputy ward managers had clearly delegated duties, all of which together reflected the demands, complexities, and relative isolation of the ward.

Governance and oversight mechanisms appeared to enable an effective flow of quality and safety-related information between the ward, senior managers within the community division, and wider health board meetings.

All staff were found to work cohesively and with a patient focus. There had been successful efforts in recent months to recruit into vacant nursing positions, which had resulted in minimal open vacancies on the ward and a stable workforce.

Specialist nursing input on the ward including a mental health liaison nurse, who assisted with complex discharge planning, medication, challenging behaviours, and engaging with families. This is a valuable resource for this patient cohort and the ward.

Due to the lack of staff survey responses, the health board may wish to consider other ways to engage staff.

This is what we recommend the service can improve:

- Continued efforts should be made to minimise duplication of nursing documentation / patient records

This is what the service did well:

- Ward management was well-organised, supportive of the ward team, and knowledgeable about ward and health board procedures
- Staff worked cohesively and with a patient focus
- Specialist nursing input is a valuable resource for patients and the ward
- Workforce was stable, with minimal vacancies

### 3. What we found

## Quality of Patient Experience

### Patient Feedback

Patient feedback was positive across a range of areas. A representative sample of comments included:

- "It's like a 5 star hotel here"*
- " Need more physio!"*
- "Often have to wait quite some time for help"*
- "Treated very well. The staff are very nice and kind"*

### Person-centred

#### Health promotion

There was a small range of information leaflets available for patients and relatives to take away. However, there may be scope for the ward to develop this further to ensure a greater breadth of printed information, given that some patients and relatives may not have access to digital resources.

Patients had access to a pleasant, well-maintained covered outdoor area for use during the warmer months. Links had been established with the local community through the hospital League of Friends group, which has supported significant developments to the ward and wider hospital, enhancing the experience for patients and relatives during admission.

Staff told us that in recent years there had been some loss of community services, such as hairdressing, despite efforts to reinstate them. The ward is encouraged to make renewed efforts within the local community to further contribute to patient wellbeing.

#### Dignified and respectful care

We observed kind and respectful interactions between staff and patients, with care delivered in a manner that was appropriate and met individual patient needs.

Patients appeared well-kempt, dressed and sat up out of bed, where able to. Staff seemed to take pride in maintaining patients' appearance, for example by assisting

them to brush their hair. One example we noted included staff going to considerable lengths to help a patient maintain a sense of personal dignity following a series of life challenges prior to admission.

The ward environment was bright, well-maintained, and provided longer-stay patients with a comfortable setting in which to receive care. Notably, the palliative care suite offered patients privacy, direct access to an outdoor area, and a relatives' room adjacent to the suite.

### **Individualised care**

The ward had access to a range of equipment to meet patient care and personal needs. This included occupational therapy equipment to support patients to mobilise, following assessment, to regain or maintain independence. For ambulatory patients and those with memory difficulties, bilingual pictorial signage was displayed on doors to help orientate patients.

Staff had recently completed dementia awareness training, and the ward utilised the Butterfly Scheme to discreetly identify patients with dementia and other memory difficulties. However, we noted that effective use of the Butterfly Scheme was inconsistent. We recommend that staff are reminded to utilise this scheme and the benefits it can bring. Despite this, it was positive to see that patients had 'All About Me' documents within their records, which supports staff to engage with patients in a meaningful and effective manner.

### **The health board should ensure the butterfly scheme is effectively and consistently implemented.**

Patients had access to therapeutic input from a team based on the hospital site. Despite continued efforts to ensure that patients received a meaningful level of therapeutic input, this was inhibited by workforce challenges. This had also led to reduced timetabled activities on the ward.

Due to the nature of the ward, the number of beds, occupancy, and the need to support patient flow, there is a requirement for the health board to review and consider workforce arrangements within the rehabilitation therapies team to ensure that patient needs are sufficiently met.

### **The health board should ensure that workforce arrangements within the rehabilitation therapies team are reviewed to ensure that patient needs are effectively met.**

Whilst patients had access to a dining room, this was not observed to be routinely used. We were told that there is a desire to utilise this and the adjoining space for

patient group activities in the near future, which would help to aid patients with their rehabilitation.

## Timely

### Timely care

Patient call bells were responded to mostly in a timely manner. However, on some occasions, patients reported, and we observed call bells to be sounding for an extended period. Despite this, staff worked hard within the capacity afforded to them to meet patient needs, when requested.

**The health board should be mindful of the time taken to respond to call bells at busy times.**

## Equitable

### Communication and language

Patients had varied communication needs. For those with cognitive impairments, staff were aware of the importance of communicating in an appropriate manner. Most patients on the ward preferred to speak in English; however, those who preferred to speak Welsh told us that staff made efforts to converse with them in Welsh wherever possible.

Patients expressed a high level of satisfaction with the ward. However, a recurring theme in patient feedback was a desire for more information about their care journey and anticipated discharge date.

**The health board should ensure that patients are regularly reminded or reassured regarding their care journey and any discharge plans.** Providing written material or an information booklet upon admission could serve a useful purpose for this patient group.

## Rights and Equality

For patients subject to Deprivation of Liberty Safeguards (DoLS), we noted some challenges in obtaining timely authorisations from the local authority. We considered ward staff to have followed appropriate processes for following up on applications; however, there is a risk that delays could result in patients being deprived of their liberty without legal protection and without the opportunity to challenge while waiting for a decision to be made.

**The health board must work with local authority colleagues to ensure that DOLS assessment and authorisation times are monitored, and review whether it is necessary for inclusion onto relevant risk registers.**

# Delivery of Safe and Effective Care

## Safe

### Risk management

The environment appeared overall fit for purpose, with well-organised and well-maintained patient rooms and bays.

Ward management had made notable efforts to reduce the number of open Datix incidents. Suitable processes were in place to ensure that incidents are reported, responded to and, importantly, that learning is cascaded to staff in a timely and effective manner.

The main entrance to the ward was secure, with buzzer-controlled access. We identified some areas for the health board to reflect on regarding ward security more broadly. Due to the nature of this feedback, it is not included within this report but was provided to the health board in greater detail at the post-inspection feedback meeting.

**The health board must ensure that ward security is reviewed in line with the feedback provided.**

Due consideration for patient needs was shown when deciding how patients were accommodated on the ward, including the use of side rooms, bays, or proximity to the nursing station.

### Infection, prevention and control and decontamination

The ward was visibly clean and well-organised. Infection Prevention and Control (IPC) arrangements were found to be well managed overall, with domestic staff working diligently to maintain ward cleanliness.

IPC audits were routinely completed and scored well. These were supported by a corporate IPC audit, which had recently been completed and also achieved a positive outcome.

Reusable medical and assistance equipment appeared clean and ready for use. However, the health board is advised to consider the use of 'I am clean' labels or similar, to make it clear to staff that equipment has been disinfected, and to avoid making assumptions that it is ready for use.

We advised the ward at the time of the inspection that red linen bags should be removed from patient showers.

### **Safeguarding of children and adults**

Suitable processes were in place to safeguard vulnerable adults. This included adherence to established health board policies and procedures, as well as consistent reporting of incidents, which demonstrated a transparent reporting culture. In addition, staff had completed the relevant training appropriate to their roles and responsibilities.

For patients receiving enhanced care, nursing bundles were completed to a good standard, and staff were clear about their responsibilities when providing one-to-one care.

### **Management of medical devices and equipment**

There was a range of clinical equipment in use on the ward to meet patient care needs. The equipment appeared to be in visibly good working order, and the ward monitored servicing due dates. However, the servicing and calibration of some equipment on the ward was overdue. We were informed that this was due to a health board wide contract being awarded to a new contractor.

**The health board must ensure that equipment is serviced in a timely manner.**

### **Medicines management**

Medication arrangements were well managed on the ward. The clinic was secure and well stocked, minimising the need for out-of-hours medication requests. Fridge temperature checks had been completed, and cold-chain medication was appropriately stored.

We observed a staff nurse diligently undertaking a medication round. Red tabards were used to identify nursing staff completing the medication round, ensuring they were not disturbed.

Controlled drugs were well managed, with no omissions identified in the storage, administration, or recording of this medication. Medication charts were generally well completed, with consistent use of reason codes when medication was declined or not given.

It was positive to note regular and consistent pharmacy input on the ward, with visits three times per week.

The ward had access to a readily available emergency kit and trolley. Regular checks of this equipment, including the availability of contents and expiry dates, were completed and recorded.

### **Preventing pressure and tissue damage**

Pressure and skin tissue damage assessment and care were generally well managed on the ward. All but one of the patients we reviewed had received a pressure and skin tissue damage risk assessment within the recommended timeframe upon admission. Positively, all patients had an appropriate care plan in place, and staff consistently documented pressure area care at appropriate intervals.

The ward had access to a range of equipment to support and reduce the risk of pressure and tissue damage for patients deemed at risk. This equipment was observed to be in use and appropriately utilised. Where required, timely referrals to the tissue viability nursing team had been made.

### **Falls prevention**

Falls assessment and prevention were generally well managed on the ward. While two of the patients we reviewed did not receive a falls risk assessment within the recommended timeframe upon admission, these were completed within 24 hours. Where relevant, patients had been re-assessed, and a range of equipment was available to support patients to mobilise safely on the ward.

It was positive to observe physiotherapy input on the ward to provide mobility assessment, support, and care planning. However, patients and staff commented that the frequency of this input should be strengthened to provide a more robust rehabilitative service for patients. A recommendation in this regard has been made above.

**The health board must ensure that pressure and falls assessments are completed within the appropriate timeframes upon admission.**

## **Effective**

### **Effective care**

We observed an MDT meeting that demonstrated a patient-focused and respectful professional dialogue between attendees. Staff showed a thorough understanding of patients, and their views were carefully considered. It was positive to see junior nursing staff encouraged and empowered by ward management to attend and present at these meetings.

These meetings also placed strong emphasis on discharge planning from the point of admission, helping to support patients to return home and, as far as possible, minimise deconditioning. While we noted some discharge delays, typically due to national flow pressures, the ward demonstrated overall good patient flow.

For patients with urgent or deteriorating medical needs, care and treatment was appropriately prioritised. We reviewed a patient with a high NEWS score, and found the ward took appropriate action to escalate care, at the necessary intervals.

We reviewed the record of a patient who had received end of life care. This patient received timely input, including symptom control, with an up-to-date pain assessment and recently reviewed care plan in place.

During the inspection, we were notified of several instances where non-urgent patient transfers through the Welsh Ambulance Service Trust (WAST) had been cancelled, sometimes with little or no warning. This impacts patients' routine care needs, as well as the ward's ability to discharge patients in a timely, safe, and effective manner. Whilst we were assured that the health board escalates these concerns through partnership meetings with WAST, we will note them and, where appropriate, escalate these concerns outside of this report.

### **Nutrition and hydration**

Patient nutrition and hydration needs were well met. We observed food and drinks placed within arm's reach of patients, with support provided to eat when required, in an unhurried manner.

The food was appetising, served at an appropriate temperature, and freshly prepared by the on-site kitchen team adjacent to the ward.

Nutrition assessments were completed, and when indicated, speech and language therapy (SALT) referrals were made to support patients with additional needs. Dietary requirements were otherwise well catered for and clearly identified in patient records.

### **Patient records**

We reviewed a sample of patient records and found these to reflect a good standard of individualised patient care. All records contained relevant assessments, with appropriate follow-up actions and care plans in place.

Records were completed contemporaneously and to an appropriate professional standard.

# Quality of Management and Leadership

## Leadership

### Governance and leadership

Ward management was well organised, supportive of the ward team, and knowledgeable about ward and health board procedures. The two deputy ward managers had clearly delegated duties, all of which together reflected the demands, complexities, and relative isolation of the ward. Despite this, one of the deputy ward manager positions was temporary, something which the health board should be mindful of when considering its managerial workforce requirements.

Governance and oversight mechanisms appeared to enable an effective flow of quality and safety-related information between the ward, senior managers within the community division, and wider health board meetings.

## Workforce

### Skilled and enabled workforce

All staff were found to work cohesively and with a patient focus. There had been successful efforts in recent months to recruit into vacant nursing positions, which had resulted in minimal open vacancies on the ward and a stable workforce.

Specialist nursing input on the ward including a mental health liaison nurse, who assisted with complex discharge planning, medication, challenging behaviours, and engaging with families. This is a valuable resource for this patient cohort and the ward.

Mandatory training completion rates were positive, with some inevitable gaps for staff who had recently joined. For these staff, there were clear plans in place to ensure timely completion. Positively, the ward was observed to respond to the training needs of staff based on feedback, learning from incidents, and appraisals.

Staff appraisals were well completed, with management allocated and scheduled to undertake these with staff. Training and development needs were met, as far as possible.

## Culture

### People engagement, feedback and learning

We observed a breadth of positive feedback and compliments from patients and relatives about the care and treatment provided by staff.

Information on the NHS Wales putting things right process was displayed on the ward for patients or relatives to submit formal concerns. Concerns were generally low in number and were responded to in an appropriate timeframe, with corporate health board support and oversight.

The health board may wish, however, to consider how information on this process and other informal feedback and concerns methods might be better communicated to this patient group. As previously recommended, written material or an information booklet upon admission might serve a useful purpose for this population.

For patients who were unable to advocate for themselves, relatives that we spoke with confirmed that they knew how to raise any questions or concerns, and we observed staff answering relative's questions in an appropriate manner.

## Information

### Information governance and digital technology

All records were found to be held securely. There was, however, some duplication between electronic and bedside notes. We were advised that this was due to a recently implemented electronic system, which would be rectified in the near future.

**The health board should aim to minimise the duplication of nursing documentation / patient records as far as possible.**

## Learning, improvement and research

### Quality improvement activities

Several nursing and environmental audits were undertaken, which were aligned to a standardised corporate health board approach. These were generally positive, with actions taken in response to any identified areas for improvement.

We also noted evidence of routine meetings between the ward manager and the GP with responsibility for patients on the ward to identify and manage any concerns.

## Whole-systems approach

### Partnership working and development

The ward had developed positive links with the GP practice responsible for providing medical care to patients, with ward management commenting positively on the robustness of care and input provided.

There were established links with the local league of friends, who had contributed extensively to the ward and the wider hospital in support of the experience for patients and relatives.

## 4. Next steps

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

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

The improvement plans should:

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

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

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

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

## Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Not applicable			

## Appendix B - Immediate improvement plan

**Service:**

**Date of inspection:**

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

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. Not applicable					
2.					
3.					

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:**

## Appendix C - Improvement plan

Service: Maldwyn Ward, Victoria Memorial Hospital

Date of inspection: 5-6 November 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. Risk to individualised care	The health board should ensure the butterfly scheme is effectively and consistently implemented.	Health and Care Quality Standards	<ul style="list-style-type: none"><li>Ensure all new staff are aware of Butterfly scheme</li><li>Ensure all staff have completed dementia training - as of September 2025 74% of ward based staff across Powys Teaching Health Board (PTHB) have completed training. Aim to achieve 85% by March 2026</li><li>Progress to be reported through Community Services Group (CSG)</li></ul>	Ward Manager  Ward Manager/Community Services Manager (CSM)  Ward Manager/ CSM	Ongoing  March 2026  Ongoing

			Quality, Safety, Patient Experience (QSPE) and ward governance meetings.		
2.	Risk to individualised / safe care	The health board should ensure that workforce arrangements within the rehabilitation therapies team is reviewed to ensure that patient needs are effectively met.	<ul style="list-style-type: none"> <li>Review of ward based therapy input to ensure that patient's needs are being met in a timely way</li> <li>Ensure that all patients requiring intensive therapy input are discharged appropriately for need - to Bryn Heulog Ward. Ensure that any cases of patients not able to receive levels of therapeutic input required is captured via Datix reporting for monitoring and escalated to the Clinical Service Manager appropriately.</li> <li>Inappropriate ward discharge allocation for patients requiring intensive rehabilitation to be monitored through</li> </ul>	Ward Manager/ CSM Ward Managers Ward Managers/ CSMs	Ongoing Ongoing Ongoing

				PTHB RTGH/ Rehabilitation Ward Quality Improvement Group and onward reporting via CSG QSPE forum.		
3.	Risk to timely care	The health board should be mindful of the time taken to respond to call bells at busy times.		<ul style="list-style-type: none"> <li>Reminder to all staff of the requirement to respond to patient call bells in a timely fashion even during busy periods.</li> <li>Review of patient experience themes and trends to identify if this is a recurring issue. This will be reported through the QSPE forum.</li> <li>Awareness of patient experience themes and ensure trends are considered as part of triangulation during staffing establishment reviews and reported through the People's Experience Steering Group.</li> </ul>	Ward managers  Ward managers/ CSMs/ Peoples experience lead  CSMs/ Professional Head of nursing (PHoN)  Ward Manager/ CSMs	Complete  March 2026  March 2026  February 2026

			<ul style="list-style-type: none"> <li>Quality Improvement project to be undertaken by ward management team, with oversight from CSM. Stage one to undertake an observational audit of call bell responses during busy ward times.</li> </ul>		
4.	Risk to patient experience	<p>The health board should ensure that patients are reminded, or regularly re-assured, regarding their care journey and any discharge plans. Written material or an information booklet upon admission might serve a useful purpose for this population.</p>	<ul style="list-style-type: none"> <li>Optimal hospital flow framework - 6 Goals delivery assurance rolled out to all wards across PTHB - staff to be trained in the requirements and expectation of the 6 goals programme.</li> <li>Training attendance and progress of the 6 goals programme to be reported via CSG QSPE meeting.</li> <li>Home First Campaign patient leaflets to be printed and distributed to all wards to be given to patients on admission.</li> </ul>	<p>Flow team / Ward managers</p> <p>Senior Manager unscheduled care/CSMs</p> <p>Ward managers/CSMs</p>	<p>February 2026</p> <p>Ongoing</p> <p>Ongoing</p>

				<ul style="list-style-type: none"> <li>Home First campaign promotion for service users to be implemented on social media.</li> </ul>	Communication team	Completed
5.	Risk to patient rights and statutory duties	The health board must work with local authority colleagues to ensure that DOLS assessment and authorisation times are monitored, and review whether it is necessary for inclusion onto relevant risk registers.	Mental Capacity Act 2005	<ul style="list-style-type: none"> <li>Continued inclusion of timescales for Deprivation of Liberty Safeguards (DoLS) applications to be assessed on PTHB Safeguarding team risk register.</li> <li>Continuation of current process to ensure all applications are tracked and monitored - this is a joint process with Powys County Council and PTHB as supervisory body.</li> <li>Annual reporting of DoLS data by PTHB as a supervisory body to HIW.</li> </ul>	MCA and Dols Senior Practitioner/ PTHB Safeguarding  MCA and Dols Senior Practitioner/ PTHB Safeguarding  MCA and Dols Senior Practitioner/ PTHB Safeguarding	Ongoing  Ongoing  Ongoing
6.	Risk to safe care	The health board must ensure that ward security is reviewed in		<ul style="list-style-type: none"> <li>Initiation of visitor's book</li> <li>Signage and posters on ward doors to advise of required access point.</li> </ul>		Complete  Complete

	line with the feedback provided.		<ul style="list-style-type: none"> <li>• Email to all site departments to advise of revised ward based arrangements for access.</li> <li>• Access doors will have electronic locks fitted with keypads on both sides of the door with emergency break glass - quotes obtained and expectation for completion early 2026.</li> </ul>	Ward manager / CSM	Complete
7.	Risk to safe care	The health board must ensure that equipment is serviced in a timely manner.	<ul style="list-style-type: none"> <li>• Review of all ward equipment requirements and identification of equipment not compliant with required servicing schedules.</li> <li>• Continued monitoring of servicing maintenance compliance.</li> <li>• Review of any issues with servicing contracts - identification via Datix and onward reporting via CSG QSPE, and CSG</li> </ul>	Ward Manager/CSMs  Ward Manager/CSMs/ Medical Devices and point of care testing manager  CSMs/ Medical Devices and point of	In progress to be completed by 9 <sup>th</sup> January 2026  Ongoing  Ongoing

				Health and Safety meeting.	care testing manager	
8.	Risk to safe care	The health board must ensure that pressure and falls assessments are completed within the appropriate timeframes upon admission.		<ul style="list-style-type: none"> <li>• Ensure compliance with patient risk assessments as set out within WNCR.</li> <li>• Weekly monitoring of WNCR patient risk assessment compliance through BI reporting with onward assurance provided to PHoN and reported via CSG QPSE and CSG Health and Safety meeting.</li> </ul>	Ward Managers/CSMs CSMs	Ongoing Ongoing
9.	Risk to safe care and workforce	The health board should aim to minimise the duplication of patient records as far as possible.		<ul style="list-style-type: none"> <li>• Removal of patient notes at bedside which duplicate Welsh Nursing Care Record (WNCR) across all PTHB wards</li> </ul>	CSMs	January 2026

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 Zoë Woodmass**

**Name (print): Zoë Woodmass**

Job role: Community Services Manager

Date: 2<sup>nd</sup> January 2026