Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Ward 3, Singleton Hospital, Swansea Bay University Health Board

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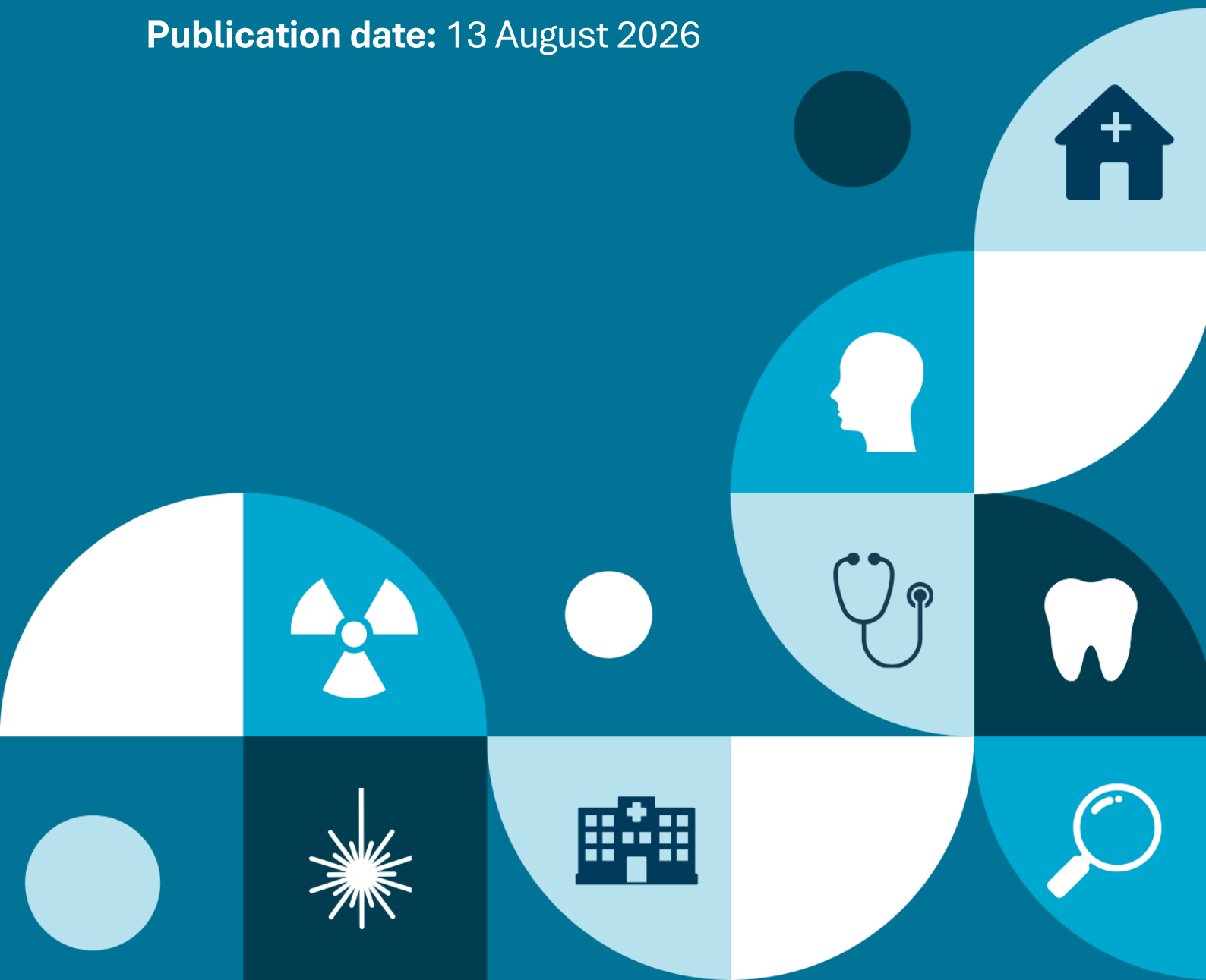

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Healthcare Inspectorate Wales (HIW) is the independent regulator and inspectorate of healthcare in Wales

Our Purpose

We check the safety and quality of healthcare across Wales.

Our Vision

A future where healthcare in Wales is safe, effective and high-quality for everyone.

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 Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.

Contents

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 Singleton Hospital, Swansea Bay University Health Board on 12 and 13 May 2026. The following hospital wards were reviewed during this inspection:

- Ward 3 - 30 beds providing Reablement and Care of the Older Person

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

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 19 questionnaires were completed by patients or their carers and two were completed by staff. 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:
The ward demonstrated several positive features in the delivery of patient care. Staff provided compassionate care and demonstrated a commitment to meeting diverse patient needs. Most patients and relatives described staff as kind, respectful and caring. Observations showed that privacy and dignity were usually maintained during personal care.

There were clear efforts to support individual needs, including bilingual signage, hearing loops, access to interpretation services and support from therapy staff to promote mobility and independence. The service showed a person-centred approach to rights and equality, with flexible visiting, chaplaincy access, reasonable adjustments for disabled patients and partnership working with external agencies to support discharge planning and wider wellbeing.

We identified some areas where the patient experience could be further enhanced. At times, staff responsiveness varied, including some delays in answering call bells and assisting patients with toileting, which had an impact on dignity and timely care. We also found opportunities to improve aspects of the ward environment and information provision. This included the availability of health promotion material, bilingual and accessible information, personal care items, continence products and privacy arrangements in the bathroom.

Immediate assurances:

- Dementia-friendly initiatives, such as ‘This is Me’ were accessible to allow patient to communicate their needs and preferences to healthcare professionals but were not being used or not completed in a timely manner.

This is what we recommend the service can improve:

- Responsiveness to call bells and toileting requests
- Stock management of personal care items
- Privacy measures in washing and bathroom areas.

This is what the service did well:

- Staff provided kind, respectful and compassionate care
- Upholding the rights of patients

- Good access to therapy service on the ward.

Delivery of Safe and Effective Care

Overall summary:
There were many positive features in the delivery of safe, effective and efficient care. Staff showed a clear commitment to patient safety and compassionate care, supported by established systems for incident reporting, risk management and multidisciplinary communication. There was strong evidence of good practice in several key areas, including safeguarding, pressure damage prevention, nutrition and hydration as well as the management of medical devices and equipment. Patients spoken with said they felt safe and records generally reflected person-centred care, clear clinical decision-making and attention to individual needs.

Medicines management processes were broadly well established, with electronic prescribing and administration systems supporting accurate documentation, while staff were observed to administer medicines appropriately and support patients effectively. Infection prevention and control arrangements were underpinned by good staff knowledge, strong training compliance and regular audit activity, although some inconsistencies in practice and environmental standards reduced assurance in places. The ward also demonstrated effective teamwork, particularly through daily huddles and discharge planning processes, which helped coordinate care and support patient flow.

In addition, arrangements for sepsis recognition, nutritional support and pressure ulcer prevention were notable strengths. Issues requiring improvement were identified, including environmental clutter, falls reassessment, aspects of medicines safety and documentation timeliness. These did not detract from the overall picture of a ward with committed staff, sound core systems and a clear focus on maintaining patient wellbeing.

Immediate assurances:

- Concerns were identified with the call bell system, including the absence of a separate emergency call system, which may compromise timely access to assistance.

This is what we recommend the service can improve:

- Reduce environmental clutter and storage limitations which created avoidable risks
- Ensure all relevant policies are current and easily accessible to staff
- Strengthen the medicines and oxygen safety arrangements.

This is what the service did well:

- Strong safeguarding culture
- Arrangements for preventing pressure and tissue damage
- Effective multidisciplinary working.

Quality of Management and Leadership

Overall summary:
There was clear leadership on the ward, supportive management and a strong team culture evident throughout the service. Governance arrangements were well established, with staff describing leaders as visible, approachable and responsive, with clear systems in place to support communication, escalation and day-to-day oversight.

Staff demonstrated commitment to delivering high-quality, patient-centred care and spoke positively about the support they received from ward and senior leaders, particularly during a period of organisational change and transition. There was also evidence of effective multidisciplinary working, robust audit and risk management processes and a strong emphasis on learning from incidents, complaints and feedback to improve practice.

Workforce development opportunities, access to training and a supportive wellbeing culture were additional strengths, alongside good awareness of Welsh language needs and Duty of Candour responsibilities. Although staffing pressures and sickness absence continued to present challenges, staff remained focused on maintaining safe care and working collaboratively to support one another and patients.

This is what we recommend the service can improve:

- Staffing pressures due to sickness absences
- Increase the appraisal completion rates, which were relatively low
- Minute all ward meetings and share these with all staff, ensuring any appropriate actions are monitored and followed up by the appropriate member of staff.

This is what the service did well:

- Visible, approachable leadership with clear governance
- Strong team culture, with staff committed to patient-centred care
- Good use of audit, risk management, training and partnership working to support service improvement.

Details of the concerns for patient's safety and the immediate improvements and

remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided on Ward 3 at Singleton Hospital for the unannounced inspection undertaken in May 2026. Patient responses were captured onsite via hard copy questionnaires, posters were also displayed around the setting containing the online survey link, for those with digital access. In total, we received 19 responses from patients who had shared their views on the setting.

All respondents rated the service as either 'very good' or 'good'. Patient feedback reflected a consistently positive experience of compassionate, respectful care in a clean and safe environment. Opportunities to improve were also noted within the qualitative comments regarding communication, responsiveness to the buzzer/call bell and discharge processes to enhance patient experience further.

Patient comments included:

> *"Staff are always cleaning and helpful."*
>
> *"When I use the buzzer staff come to me - depends what time of day it is."*
>
> *"Short of staff."*
>
> *"Happy with everything."*
>
> *"Staff are very short often."*
>
> *"The staff are lovely."*
>
> *"The staff are excellent, they couldn't be more helpful"*
>
> *"Waiting for care package 3-4 weeks. I feels as if I am bed blocking as I could go home."*

Health promotion

Information was available to support patients' health and well-being, including hand hygiene, dental hygiene, carers' support, mental well-being and nutrition and hydration. However, the range of signposting information could be improved, particularly in

relation to local support organisations, services for older people, falls prevention, home adaptations, loneliness and isolation and transport support. Patient feedback indicated that support mainly focused on care packages, with other help provided on an ad hoc basis.

We also found no clear discharge advice for patients regarding sepsis, such as safety-netting leaflets or QR code access to this information. Smoking cessation information was also not clearly displayed during the visit.

The health board must ensure relevant information is displayed on the ward, ensuring it is comprehensive, clearly presented and accessible to all patients, including those who may be digitally excluded.

Dignified and respectful care

Most patients and relatives we spoke with were positive about the way they were treated, and described staff as kind, respectful and caring. Observations identified examples of privacy and dignity being maintained, including assistance with personal hygiene undertaken behind closed curtains. Patients appeared clean and well cared for and the ward environment appeared generally clean with fresh linen on beds. Most patients were happy with the care they received, and staff were observed to be helpful to patients on most occasions.

However, some concerns were identified in relation to responsiveness, communication and dignity. One patient was observed waiting some time for assistance to use the toilet while staff were occupied. During this incident, the staff member involved appeared visibly busy and stressed and the patient was told to stop ringing the buzzer. Two patients also reported that some staff members could be less caring and more stern in their approach. In addition, one male patient was observed with only a gown draped over him, which may not have fully maintained dignity. Although staff were generally discreet, mobile computers were often left unsecure with patient information visible, creating a risk of unauthorised access to patient records.

Some environmental and resource issues were also noted that may affect dignity and patient experience. Despite a lockable door, there was no privacy curtain on the shower cubicle and there were also some dignity concerns when patients were moved using certain equipment such as a ‘steady’.

Shortages of essential personal care items and equipment were reported, including bowls for washing, incontinence aids and towels. While patients’ continence needs appeared to be assessed and support was generally provided, shortages of personal items may affect the timeliness and quality of care. One member of staff commented:

"We need wash bowls, pads and other daily supplies regularly as it will help us ensure patients have the best care they deserve."

In the patient questionnaire, all respondents agreed that staff treated patients with dignity and respect and that privacy was well maintained, including access to confidential conversations with staff. However, several improvements are required as highlighted below.

The health board must:

- **Review staffing levels to ensure patients receive timely support and responsiveness to call bells and toileting requests**
- **Remind staff of the importance of ensuring patients are appropriately covered to preserve dignity in all care interactions**
- **Reinforce expectations of staff regarding respectful and compassionate communication**
- **Ensure privacy measures are in place in all washing and bathing areas**
- **Review stock management arrangements so essential personal care items and continence products are consistently available**
- **Ensure patient information displayed on mobile computers is not left visible.**

Individualised care

The ward demonstrated several positive measures to support patients living with dementia, sensory impairment and reduced mobility. Staff confirmed that dementia-friendly initiatives, such as 'This is Me' were accessible to allow patient to communicate their needs and preferences to healthcare professionals but were not used. HIW was not assured that patient safety was always maintained as assessment of need and risk assessment had not been completed in a timely manner. However, staff confirmed that the paperwork would be completed with family members where appropriate. **This issue was addressed under HIW's immediate assurance process at Appendix B.**

There was signage displayed in both Welsh and English to assist patients with sensory or cognitive difficulties, including signs on toilet doors.

Patients were encouraged to remain as active and independent as possible, with support from occupational therapy and physiotherapy staff on the ward who were actively working with patients to promote walking and mobilisation.

Timely

Timely care

Patients were generally treated with compassion, and most urgent needs were prioritised. Most patients reported they did not wait long for assistance, although delays were evident at times when there were staffing pressures. We observed one patient waiting a prolonged period for assistance to use the toilet, which impacted on their emotional wellbeing and dignity. We also identified one example where observations for a patient with a potential time-critical condition were not repeated within the expected timeframe. This was escalated to the ward manager by the HIW team and action was taken to repeat patient observations.

Medicines were generally administered in a timely and appropriate manner. Staff were generally described as kind and responsive, and end-of-life care needs were understood and supported appropriately.

Patient feedback in the questionnaire suggested variability in the timeliness of care. Most respondents reported receiving care when needed. However, some reported waiting for assistance and one comment highlighting a delay in discharge whilst waiting for a package of care. Patients survey comments included:

> *"I always have access to a buzzer."*
>
> *"When I use the buzzer, staff do not always respond- patient has buzzed to go to the loo for 30 minutes. When nurse arrived they explained eight other patients to see. Another patient being transferred to another ward."*
>
> *"There was no buzzer for the private room."*
>
> *"Sometimes short staffed (usually evenings)."*
>
> *"Waiting for a package of care."*
>
> *"Slow discharge."*

The health board must:

- **Strengthen arrangements to ensure timely responses to patients requiring assistance**
- **Reinforce compliance with protocols for patients with time-critical conditions.**

Equitable

Communicating and language

Patients and carers provided predominantly positive feedback about staff attitude and communication, describing staff as kind, caring and respectful. One carer commented that staff would score *"1000 out of 100"* for their kindness and care. The service also demonstrated a proactive approach to meeting people's language, communication and accessibility needs, with support available through two hearing loops on the ward, iPads to assist with language barriers, access to Language Line interpretation services, and a list of staff able to support language needs held available through the hospital switchboard.

Staff were able to explain how they would adapt communication for patients and relatives where language presented a challenge, and we found evidence that the service had also considered the needs of people with sensory loss. Practical measures were evident for disability-friendly utensils and equipment provided by the occupational therapy team, along with pictorial signage in relevant areas, such as images of toilets and baths, to support easier navigation.

However, we identified several shortcomings in the information and communication arrangements on the ward. There was no evidence that staff routinely asked patients about their preferred language on admission and bilingual information on the ward was minimal. In addition, there was no effective 'who's who' board, and the shift board was not consistently maintained, with no date recorded and no clear identification of the nurse in charge. These issues reduced the quality and accessibility of information available to patients, carers and visitors.

The health board must ensure that ward information is comprehensive, accessible and always kept up to date, including clear staff identification and the display of relevant patient safety and health promotion information.

Patients commented in the questionnaire that communication was generally positive, with the majority agreeing staff listened and answered questions. Involvement in decision making was less strong, with 84% of patients felt they were not always involved. Patient comments included:

> *"Communication between medical staff and patient is poor."*

> *"No communication between family and nurses."*

{about decisions about my healthcare} – "Communication poor, not told what is happening."

Rights and equality

We found that patients' individual needs were generally recognised and responded to appropriately on the ward. Staff described how patients had access to a non-denominational chaplaincy service, with denominational support also available where required. Visiting arrangements were flexible and were considered on an individual basis, including for patients receiving end-of-life care or those with significant cognitive vulnerability. Family members and carers were able to be involved in patients' care where appropriate and, when patients were critically ill, relatives or carers could stay overnight. These arrangements demonstrated a person-centred approach which took account of patients' emotional, spiritual and wider support needs.

We found evidence that the service worked in partnership with other agencies to protect and improve people's health and wellbeing and to reduce health inequalities. Staff described effective links with the third sector, including the Red Cross and with social services to support discharge planning. However, we were told that recent staffing shortages within social work teams had affected the timeliness of some discharges. While there was evidence of focused work between the local authority and health services to strengthen joint working, these workforce pressures had the potential to impact on patient flow and continuity of care.

The health board must continue to strengthen partnership arrangements with the local authority and monitor the impact of social worker capacity on timely discharge planning and patient outcomes.

We found that equality, diversity and inclusion were promoted through organisational policies, mandatory training and awareness-raising activity. Staff referred to equality and diversity policies, action taken by senior managers when inequalities were identified and initiatives such as 'Treat Me Fairly' training, promotion of Pride events and celebration of International Nurses Day. Staff also described systems for reporting discrimination or harassment, including Datix reporting, escalation to ward or bed managers and access to relevant policies on the intranet. This indicated that processes were in place to support staff and patients to raise concerns and to seek redress where necessary.

We found that reasonable adjustments were available to support people with protected characteristics and disabilities to access services on an equal basis. Examples included step-free access to the ward, disabled toilet facilities with wide doors for wheelchair access, hearing loops, translation services, advocacy support and access to easy-read or written information where needed. Staff also described using

translation applications, written prompts, enlarged text and speech and language therapy support to aid communication. This demonstrated a practical awareness of the need to adapt both the environment and communication methods to meet individual patient needs.

Staff told us that transgender patients would be treated with respect, that preferred names and pronouns would be used and that this information would be recorded in patient documentation and handover records where appropriate. Placement decisions would be made in line with policy and individual risk assessments.

In the patient questionnaire there were no concerns raised regarding equality or fairness. Most respondents felt able to access the right care at the right time and no respondents reported experiencing discrimination. Whilst the ward environment was viewed positively, with all respondents saying the ward was accessible, one patient commented that:

> *"Hospital not accessible - narrow doors ground floor and cafe. Ward is okay".*

Delivery of Safe and Effective Care

Safe

Risk management

Systems were in place for incident reporting, risk management and the sharing of learning. Staff described the use of Datix to report incidents and risks and information being escalated through matrons, heads of nursing, senior teams and relevant specialist teams, including safeguarding where appropriate. Incidents were said to be investigated, with recommendations considered through scrutiny processes and learning was shared through safety briefings, ward meetings, email and other communication routes. There was also evidence that quality and safety were monitored through audits, safety crosses, scrutiny panels and initiatives such as sepsis screening and the 1000 Lives approach.

Staffing pressures were evident, with approximately 14% sickness or turnover referenced in one area, and high sickness levels noted elsewhere. This resulted in a reliance on temporary bank staff, although these staff were usually familiar with the ward and patient group.

The ward environment was generally accessible and fit for purpose, with the ward remaining secure through a locked entrance and door-release arrangements linked to reception. However, several environmental concerns were identified which affected tidiness, dignity and safety. Storage space was limited, contributing to clutter and creating potential hazards, including one side room where a fridge obstructed access to cupboards. The ward environment was viewed positively in the HIW patient questionnaire. All respondents who answered felt the ward was accessible, although a comment noted the hospital setting itself was not accessible.

The health board must review the environmental layout and storage capacity to reduce clutter and improve safety.

Ongoing concerns were also identified with the call bell system, including the absence of a separate emergency call system, which may compromise timely access to assistance. **This issue was addressed under HIW's immediate assurance process at Appendix B.**

There was also inconsistency in the safe security of hazardous materials, as cleaners' cupboards were unlocked on the first day of inspection. **This issue was addressed and resolved during the inspection and listed in Appendix A.**

Infection prevention and control (IPC) and decontamination
Overall, the ward demonstrated a generally sound awareness of IPC requirements, with staff able to describe appropriate arrangements for the management of infected patients, including the use of isolation facilities, barrier nursing, appropriate precautions and personal protective equipment (PPE) and testing in line with health board policy.

IPC training compliance was positive, with adjusted compliance at 95% and staff were aware of the relevant policies and procedures, which were said to be accessible via the intranet. There was also evidence of an established audit programme, with regular IPC audits undertaken and arrangements in place for lessons learned to relevant areas. However, some concerns were identified in relation to operational oversight, environmental standards and the consistent application of infection control practices. Infection rates were not reported as a rate to managers, meaning it was unclear whether reporting arrangements aligned fully with organisational processes.

In practice, some inconsistencies were observed in relation to PPE use and equipment decontamination. For example, a staff member entered an isolation room without appropriate PPE and mobile equipment was not cleaned on leaving the room. Although these issues were raised with the ward manager and addressed immediately, they indicate a need for continued reinforcement of expected standards.

Environmental concerns were also identified, with the ward described as cluttered and untidy, including equipment stored on floors and items obstructing access to bathroom areas, reducing the ability to clean effectively. In addition, a clinical waste bin outside the ward was not secured and one sharps bin was overfilled with items placed on top of the lid. **This issue was addressed and resolved during the inspection and listed in Appendix A.**

While reusable medical devices appeared to be labelled to indicate cleaning, and staff were able to explain decontamination arrangements appropriately, the overall environment did not consistently support effective IPC. Discussions with ward and housekeeping staff provided some assurance, with staff demonstrating a clear understanding of their individual responsibilities in relation to IPC, hand hygiene, needle-stick injury procedures and cleaning arrangements.

Housekeeping staff were able to describe cleaning schedules, including deep cleaning procedures and confirmed that records were maintained as evidence. However, staff also reported some difficulty in locating infection control policies on the intranet and concerns were raised that some policies were overdue review and out of date. Information on infection rates was available to patients and visitors, on posters

displayed behind reception, although broader communication and structured reporting were less evident. Staff described appropriate access to occupational health and wellbeing support, including self-referral and manager referral routes. Information regarding this was promoted within the ward area.

The health board must:

- **Strengthen oversight of IPC practice by reinforcing compliance with PPE and decontamination requirements**
- **Ensure infection rate data is reported clearly and consistently**
- **Addressing environmental clutter and storage issues and reviewing waste and sharps management arrangements**
- **Ensure all relevant policies are current and easily accessible to staff.**

In the patient questionnaire, cleanliness was rated highly, with 95% of respondents rated the ward as 'very clean'. All respondents felt IPC measures were being followed.

Safeguarding of children and adults

Patients we spoke with said they felt safe on the ward and confirmed they could speak with staff if they were worried. Staff demonstrated a good understanding of deprivation of liberty safeguards (DoLS), mental capacity and safeguarding and were able to describe how decisions were made when a deprivation of liberty may be necessary, including the role of the multidisciplinary team and senior ward leadership. Appropriate documentation and processes were in place to support patients subject to restrictions.

The ward was secure, with secure access, one patient was under constant supervision with an up-to-date DoLS authorisation and a further DoLS application was in progress. Staff were aware of relevant policies and training requirements and provided examples of less restrictive approaches being considered first, such as distraction techniques, walking with patients and adapting communication to the patient's preferred language, to avoid the need for DoLS where appropriate.

In relation to safeguarding, staff described clear awareness of their responsibilities and of local reporting processes. Those we spoke with knew how to seek advice from the safeguarding team and completed an integrated referral where concerns met the threshold for reporting. Staff also confirmed awareness of organisational safeguarding policies and procedures and responses suggest that safeguarding training was embedded through mandatory updates.

No current or recent protection of vulnerable adults (POVA) concerns were identified at the time of inspection and staff were clear that any member of staff receiving a disclosure would be responsible for escalating it appropriately. Advocacy

arrangements were also in place for patients who lacked capacity, with Llais, the patient advocacy service, identified as one service available to provide support.

Management of medical devices and equipment

Suitable arrangements were in place for the maintenance of equipment. Responsibility for maintenance sat with the health boards own maintenance services, with electrical maintenance support used where electrical issues arose.

Equipment seen during the inspection displayed service check stickers, indicating that routine servicing and checks were being carried out and were current at the time of inspection. There were also clear processes for reporting faults, with faulty equipment removed from use immediately, labelled as out of use and reported to reception staff, who then contacted maintenance services. Relevant records were maintained electronically.

Medicines management

Medicines management arrangements on the ward were broadly established and, in several important areas, functioning effectively. All Wales drug charts were computerised, with prescribing and administration records completed electronically. Patient identification details were recorded throughout; medicine administration was recorded consistently and contemporaneously and there was evidence that omitted doses were supported by a documented reason on the electronic system.

Intravenous fluids were prescribed and monitored appropriately, and staff were able to confirm that the medicines management policy was available online. During observation of practice, patient identification bands were present and checked, medicines were seen to be checked and administered appropriately, and patients were supported where necessary to take their medication.

The ward had access to a dedicated pharmacist who visited weekly, supported by a technician undertaking stock checks and out-of-hours access to medicines was set out within the medicines management policy. Controlled drugs were signed for correctly and all cupboards and the medicines room were secure. Bedside lockers were also locked. These arrangements provided a degree of assurance regarding access, oversight and security. However, the findings also indicated that there have been previous issues relating to controlled drugs, including two reported incidents involving missing morphine and that current arrangements for stock supply had been adjusted in response. This highlighted the need for continued vigilance and strengthened assurance processes around controlled drug governance.

Although oxygen was prescribed on the relevant chart, there was no evidence clinical staff had completed the required British Oxygen Company (BOC) training. In addition,

there was no identified process for reporting incidents involving oxygen cylinders, no evidence of systems for reviewing incident themes and sharing learning with staff and no evidence of health board governance or oversight arrangements relating to oxygen cylinder risks and actions. These were significant gaps, particularly given the need for robust governance, clear reporting lines and staff awareness in relation to oxygen safety.

The health board must ensure:

- **Staff complete BOC oxygen cylinder training**
- **Clear incident reporting and review arrangements are implemented**
- **Governance systems are strengthened so that risks, actions and learning are actively monitored and communicated.**

The medicines room was secured by keypad access. However, the medicines fridge was found to be unlocked, which did not provide sufficient assurance regarding secure storage. During the medicines round, there was no medicines trolley in use, and a computer trolley containing patient details was left in the ward corridor on numerous occasions, presenting a potential information governance and confidentiality risk. There was also no visible system, such as the use of red tabards, to support calm and uninterrupted medicines administration.

The health board should:

- **Review and strengthen medicines storage arrangements, including the security of the medicines fridge**
- **Ensure mobile equipment containing confidential patient information is not left unattended**
- **Consider the introduction of measures to reduce interruptions during medicines administration.**

Preventing pressure and tissue damage

Arrangements for preventing pressure and tissue damage were of a consistently high standard. Patients were assessed for pressure ulcer risk on admission, with evidence of appropriate skin assessments, care planning in line with assessed risk, regular repositioning and ongoing monitoring of pressure areas. These findings demonstrated a clear and embedded approach to prevention and management, with records showing that care was delivered in accordance with patients' individual needs and risk profiles. No concerns were identified in relation to the core elements of assessment, planning, monitoring or preventative care.

Falls prevention

A review of five patient records indicated a mixed picture in relation to falls prevention. While there was evidence that patient-specific care plans were in place and being implemented for those identified as being at risk of falls and that reassessment processes were undertaken in some cases, the findings also identified gaps in the timeliness and consistency of risk assessment and review.

Initial falls risk assessments were not consistently completed within an appropriate timeframe for patients admitted or expected to remain in hospital for more than six hours and there were examples where reassessments following admission or change in circumstance were delayed beyond 24 hours.

These findings suggested that, although some elements of falls prevention practice were embedded, there were weaknesses in the reliability of assessment and reassessment arrangements which may limit the effectiveness of preventative measures and increase the risk of avoidable harm. **This issue was addressed under HIW's immediate assurance process at Appendix B.**

Effective

Effective care

The ward had a range of established systems and processes in place to support the delivery of safe and effective care, particularly in relation to the identification and management of sepsis. Staff were able to describe the use of National Early Warning Score (NEWS2) and the Sepsis Six pathway and there was evidence that sepsis screening tools, pathways and associated guidance were available and understood in practice.

Training compliance was good and staff feedback indicated that they felt appropriately supported to recognise and manage sepsis. There was also evidence of governance arrangements intended to promote patient safety, including daily handovers, discharge planning rounds, multidisciplinary working, routine audit activity and the monitoring of key quality indicators such as hand hygiene, environmental standards, invasive devices, documentation and ward governance. In addition, staff and managers demonstrated awareness of relevant clinical guidance and were generally able to explain how this information was accessed and disseminated within the service.

Some variation was evident in staff awareness of specific professional guidance, including access to Nursing and Midwifery Council (NMC) record-keeping guidance and there was limited evidence of a ward-level risk register, with risks instead recorded at hospital level. Overall, while the ward demonstrated several positive systems,

committed staff and clear awareness of sepsis processes, staffing pressures remained a significant issue requiring sustained managerial oversight.

The health board must:

- **Reinforce staff awareness of professional record-keeping guidance**
- **Consider the introduction or strengthening of a ward-level risk register to support local ownership, oversight and mitigation of operational risks.**

In the patient questionnaire, feedback indicated. that care on the ward is largely person-centred and respectful. Most respondents felt they received care when needed and described staff as kind and sensitive.

Nutrition and hydration

Appropriate systems and practices were in place to support patients' nutritional and hydration needs during mealtimes. A clear visual system was used to identify patients who required assistance with eating and drinking, including the use of red trays for those needing support with feeding and coloured water lids to aid identification. The All Wales nutrition pathway was being implemented through the Adult Nutritional Risk Screening Tool (WAASP) as part of the Welsh Nursing Care Records (WNCR) programme.

Documentation seen within the four patient records reviewed demonstrated satisfactory completion of nutritional risk assessments and ongoing monitoring, which provided assurance that patients' nutritional needs were being considered in a structured and consistent way.

The ward environment and mealtime arrangements evidenced that patients generally receive care in a timely and supportive manner. Patients appeared to have choice in relation to food and drink, had access to water when needed and water was observed to be within easy reach. In addition, patients were positioned appropriately for meals, with tables cleared and placed within reach, hand hygiene support was offered before meals and no significant delays noted in the serving of food once the trolley arrived. Food was also observed to appear appetising. These findings collectively showed that the ward was mindful of maintaining patients' dignity and comfort during mealtimes and of promoting adequate intake through practical support measures.

In the patient questionnaire, all respondents confirmed access to drinking water. Whilst only 44% indicated they received help to eat or drink when needed, half selected not applicable. Some respondents within the comments reported being rushed or food being cold. However, most respondents (88 %) felt they had sufficient time to eat at their own pace.

Patient records

Overall, the records reviewed demonstrated that patient care was generally person-centred, structured and supported by clear documentation of clinical decision-making, risk assessment and ongoing evaluation. Records were found to contain clear evidence of accountability, with entries signed, dated and timed. There was consistent evidence that individualised care planning, pain assessment, safeguarding documentation, language preference and discharge planning considerations had been recorded where relevant.

Pain management was a particular area of strength, with pain assessments undertaken regularly and reviewed at least twice daily. Sepsis screening tools and pathways were in place, in line with national guidance and safeguarding records relating to mental capacity and DoLS were generally evident where applicable. Records were accessible to staff through electronic systems, supported by sufficient equipment and mobile workstations, which helped facilitate care delivery at ward level.

However, documentation was not always completed immediately following care and treatment, as records tended to be updated by shift rather than contemporaneously after each intervention. There were also examples of delayed reassessment, including falls assessments not always being refreshed within 24 hours of admission and one patient with a NEWS2 score of five had not had repeat observations undertaken within the expected timeframe, with no timely written escalation evident in the notes, indicating that escalation and monitoring arrangements were not applied consistently in all cases. In addition, one patient had not opened their bowels for eight days and had not received regular aperients despite 'as required' (PRN) medication being available, which raised concern regarding the recording and actioning of ongoing care needs.

A further weakness was the fragmented nature of multidisciplinary documentation, as allied health professionals recorded on a separate electronic system that nursing and medical staff could not access, limiting shared visibility of the full patient record. While the overall standard of record keeping was positive and demonstrated many features of safe, person-centred care, improvements were needed to strengthen contemporaneous documentation, ensure timely reassessment and escalation and improve the integration of multidisciplinary records.

The health board must:

- **Reinforce expectations for real-time documentation following care and treatment**
- **Strengthen oversight and review compliance with escalation and reassessment requirements for deteriorating patients**

- **Strengthen oversight of routine care interventions such as bowel management**
- **Ensure improved interoperability or access between multidisciplinary electronic record systems to support more cohesive care planning and communication.**

Efficient

Efficient

Arrangements were in place to support the efficient movement of patients through care and treatment pathways. A daily multidisciplinary huddle, attended by allied health professionals and led by a senior registered nurse, was used to review discharge arrangements and coordinate next steps. During the observed meeting, the ward sister chaired the discussion effectively, maintaining a clear focus on discharge planning and demonstrating detailed knowledge of each patient's circumstances, preferences and support needs. Allied health professionals showed a strong understanding of patient progress and discharge requirements.

Plans for the day were agreed collaboratively. However, delays outside the ward's control were noted in relation to social worker allocation and the commencement of agreed packages of care.

The health board must ensure that the ward continues to escalate external discharge delays through appropriate system-wide routes, to reduce the risk of avoidable extended stays and support more timely discharge outcomes.

The ward demonstrated a structured and proactive approach to ensuring that admission and discharge arrangements were robust and efficient. Evidence gathered showed that actions arising from the daily huddle were clearly allocated to relevant staff, enabling timely liaison with partner services and supporting safe discharge planning. This included referrals to district nursing services, communication with family members and engagement with voluntary sector support, such as the Red Cross, where additional assistance was required. This coordinated approach supported continuity of care and reflects effective multidisciplinary working. The ward should consider maintaining a clear record of actions agreed and completed through the huddle process, to support oversight and provide an auditable trail of discharge coordination activity.

No assurance was provided whether or not patients were routinely discharged with the required safety netting leaflet to support awareness of the signs and symptoms of sepsis, and the action to take if concerns arise. This was not fully aligned with current

Welsh Health Circular requirements, which stated that services should provide access to the leaflet through both a QR code and hard copy format to meet the needs of those who may be digitally excluded.

The health board must ensure safety netting leaflets are consistently available and issued on discharge.

The ward demonstrated that staff worked collaboratively across disciplines to coordinate the involvement of families and carers in care planning and discharge arrangements. Evidence indicated that this was supported through the daily huddle process, where patient goals were discussed and actions are agreed to progress discharge planning safely and effectively. Where appropriate, staff arranged meetings involving relevant services and family members to ensure that individual needs, home circumstances and ongoing support requirements were fully considered. This approach supported person-centred planning and helped to optimise discharge arrangements. The service should continue to build on this good practice by ensuring that family and carer involvement is consistently documented within patient records, providing clear evidence of shared decision-making and coordinated planning.

The health board must strengthen daily huddle actions recording family or carer involvement, to provide a clear audit trail of discharge planning and shared decision-making.

Quality of Management and Leadership

Staff Feedback

HIW issued an online questionnaire to obtain staff views on services carried out at the Ward and their experience of working there. We received two responses from staff, therefore, due to the low number of responses we were unable to draw any conclusions or themes from these.

Leadership

Governance and leadership

The ward demonstrated structured governance and leadership arrangements which were fully established and generally understood by staff. A clear management structure was in place, including oversight from the Head of Nursing, Matron, ward manager and wider Quality and Safety team. Staff described senior leaders as visible and accessible, with regular ward presence and support evident during a period of service transition from Gorseinon Hospital. Staff were able to identify who managed them and understood local lines of accountability, which supported day-to-day operational oversight and decision-making.

Communication arrangements appeared to be well embedded through a range of formal and informal mechanisms, including daily safety or 'buzz' meetings, team meetings, one-to-one discussions, email updates, printed notices, handover documentation and messaging groups. Information relating to safety notices and recommendations, including those received from national bodies, were cascaded through these channels and incorporated into local safety briefing systems. Staff described appropriate escalation processes for staffing pressures, incidents and out-of-hours concerns, with escalation to senior clinical or site management where required. There was also evidence of routine governance activity at ward level, including checks on controlled drugs, emergency equipment, infection prevention and control matters, staffing levels, patient acuity, care planning and discharge flow.

Leadership across the ward was described positively, with staff reporting that they felt supported by immediate and senior leaders. The ward manager reported feeling supported by the Matron and Head of Nursing and more junior staff said they felt supported locally. Staff consistently expressed a commitment to providing a high-quality service and felt engaged in this aim. Arrangements for identifying and managing risks were also described, with risks recognised by staff, assessed by managers and either mitigated locally or escalated to the corporate risk register, depending on

severity. Workforce development was noted through support for Band 6 staff with succession planning in mind.

Ward management expressed pride of their staff working under pressure, including staff shortages and relocation of staff from one hospital to another. Staff were highly praised by many patients, and we witnessed a strong team connection, with staff working together supporting one another.

Workforce

Skilled and enabled workforce

The most consistent issue raised through staff feedback related to insufficient staffing, particularly in respect of registered nurses and healthcare support workers. Staff described difficulties in consistently delivering the standard of personal and routine care they wished to provide when staffing levels were reduced or when enhanced observations affected wider workforce capacity. Although agreed staffing levels under the Nurse Staffing Levels (Wales) Act were described and daily triangulation of staffing against patient acuity was reported, there was also evidence that the ward was short of staff on the day of discussion and that longer-term workforce pressures were having an adverse impact on care delivery.

The Ward was described as having an established multidisciplinary team, with staffing adjusted according to patient acuity, including arrangements for enhanced observation and one-to-one care where required. Bank staff were used to support pressures arising from long-term sickness and were usually familiar with the ward, which helped maintain continuity of care. While staff reported that they generally had sufficient time to provide the care patients required, this was noted to be more challenging on some days when acuity was high or staffing pressures increased.

Workforce pressures were evident, particularly in relation to sickness absence. The information provided identified a high level of sickness, including long-term absence among both registered nurses and healthcare support workers, although this had improved compared with the previous six months. Despite this, staff considered that patient care continued to be delivered safely, supported by daily monitoring of staffing requirements and redistribution of staff across the hospital where necessary.

Support and management arrangements were described positively overall. Staff reported access to supervision and appraisal processes, although appraisal completion was recorded as 56.52%, partly affected by long-term sickness absence. Regular staff and management meetings were said to take place, but these were not

consistently minuted. Learning from incidents and good practice was shared at ward level and, where appropriate, more widely across the health board.

The health board must:

- **Review staffing arrangements to ensure workforce levels consistently reflect patient acuity, dependency and enhanced care requirements**
- **Ensure appraisals are undertaken annually when due**
- **Ensure meetings are minuted and shared with staff in their absence**
- **Ensure there is continued monitoring to address the impact of sickness absence on resilience and capacity.**

The culture of the ward was described as supportive, caring and settled, with staff reporting improved managerial support following organisational change and transition. Staff said they felt able to raise concerns and were confident these would be investigated and responded to appropriately. A range of staff wellbeing initiatives were available through the health board, including employee assistance and occupational health support. Staff also reported good access to training and development opportunities, including health board training, leadership and management programmes, apprenticeships and professional development opportunities.

Mandatory training was monitored electronically through the electronic staff record (ESR) and evidence indicated that recommended training areas had been completed. Sepsis training and NEWS2 were also identified as available. There were no student nurses on the ward at the time, although newly qualified staff were present and support for continuing professional development and revalidation was available.

Welsh language needs appeared to be recognised. Staff had access to Welsh language training through the health board, the ‘Active Offer’ was understood and supported, and some staff were observed wearing ‘iaith gwaith’ badges. Staff also indicated an understanding of the importance of communicating with patients in their preferred language and language requirements were said to be considered within recruitment and workforce planning. Employment processes, including contracts, job descriptions and pre-employment checks, were reported to be in place, with relevant checks undertaken by human resources.

Culture

People engagement, feedback and learning

Overall, there was a positive ward culture with strong leadership and governance arrangements and staff describing leaders as visible, approachable and supportive.

Leadership presence was evident through regular input from the matron, deputy head of nursing, bed managers and ward management. Staff felt able to raise ideas and concerns through handovers, team meetings, one-to-one discussions and day-to-day contact with senior staff.

Staff demonstrated awareness of the service's vision and values and described a culture in which concerns, including issues relating to disrespectful or discriminatory behaviour, were addressed appropriately. Staff wellbeing also appeared to be recognised, with examples of peer support, use of wellbeing resources and a strong focus on maintaining patient-centred care, even during periods of organisational change and ward transition.

Processes for gathering and responding to feedback were described using friends and family surveys, patient and family engagement and staff surveys, with examples showing that feedback was discussed with teams and used to support service improvement. Complaint handling arrangements were also in place. Staff reported that low-level concerns were generally managed on the ward, with escalation to Datix where issues could not be resolved and oversight from the Patient Advice and Liaison Service (PALS) and governance teams where required. Learning from complaints was shared through handovers, team meetings, safety briefings, individual discussions and written communication. However, there was limited visible evidence for patients and families of how feedback had led to change. While posters relating to feedback and concerns were present, information was not consistently aligned with the current NHS Wales 'Listening to People' approach. There was no clear display showing how the health board had learned and improved in response to feedback. This reduced transparency and weakened the visible feedback loop for people using the service.

The health board must:

- **Ensure that current NHS Wales 'Listening to People' information is displayed consistently across the ward**
- **Reinstate clear 'you said, we did' style information to demonstrate learning from feedback and complaints.**

Duty of Candour arrangements were described positively. The relevant policy was seen, in date and available on the health board intranet. Staff understood the policy, their responsibilities under it and the need to raise concerns when something had gone wrong. Staff had received training and examples were provided to demonstrate that Duty of Candour had been applied appropriately in practice. Evidence indicated that disclosures were supported by written communication, apologies and explanations were provided where required, support for patients and families had been considered

and the Datix process was used to notify senior managers when the duty had been triggered.

Information

Information governance and digital technology

Systems were in place to support effective information governance, data management and quality monitoring within the service. Information was shared through secure processes, including password-protected systems, confidential email practices and individual user logins, with ward-based information also displayed to explain how patient information was used.

Audit activity was used to monitor the quality of care, with recommendations and follow-up actions informing service improvement. Arrangements were also in place to ensure notifications were submitted to external bodies when required, with Datix prompting consideration of reporting requirements and senior staff overseeing submissions such as pressure ulcer notifications.

In addition, national reportable incidents were monitored through corporate tracking processes, with progress reviewed regularly and accountability for actions identified. Staff confirmed reportable data and notifications were submitted to external bodies as needed.

Learning, improvement and research

Quality improvement activates

The ward had established governance and quality assurance arrangements to monitor performance, identify risks and support improvement. A structured programme of audit was in place, including Audit Management and Tracking (AMAT) documentation audits and monitoring of key quality indicators such as IPC, pressure area care and falls. Audit findings were used to highlight required actions and completion dates, providing a clear mechanism for monitoring progress and supporting accountability. Internal and external review processes also contributed to service learning, including input from infection control and tissue viability teams, benchmarking of Datix information against similar services and wider discussion through quality and safety forums.

Arrangements for managing incidents and safeguarding concerns were in place and appeared to be understood by staff. Concerns were reviewed according to severity, with safeguarding matters escalated appropriately and liaison taking place with the safeguarding team and local authority where required. Incident reporting through Datix was used to support investigation and follow-up action. Examples provided

demonstrate a practical approach to risk management and responsive action, including interim controls when environmental systems failed and targeted action in response to unreported pressure damage identified on patient transfer. Learning from incidents, complaints and concerns was used to identify themes, improve reporting and documentation and inform practice changes.

Quality improvement activity was primarily driven through audit, incident review and practice development rather than formal research or accreditation activity. Positive examples included strengthened pressure area documentation, the use of IPC champions, prompt isolation of patients following first loose stool and dissemination of improvement actions through team meetings, safety briefings, handovers, one-to-one discussions and digital staff messaging.

Whole-systems approach

Partnership working and development

The service demonstrated well-established engagement with system partners to support patient care and discharge planning. Multidisciplinary working was evident through daily board rounds and weekly multidisciplinary team meetings, with contributions from therapy staff, primary care and other services, including some partners attending remotely. Staff described collaborative working with a range of agencies and support services to support patients' wellbeing and discharge arrangements. This partnership approach appeared to support timely planning for discharge and consideration of capacity across the wider health system.

Managers also reported that involving primary care colleagues within the ward multidisciplinary team strengthened collaborative working.

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
There was inconsistency in the safe security of hazardous materials, as cleaners' cupboards were unlocked on the first day of inspection.	There was a potential risk of significant harm to patients or others able to access and/or ingest hazardous materials	HIW immediately raised this with the domestic staff, followed by the ward manager.	The cleaners' cupboards were immediately locked and remained locked during the inspection.
A clinical waste bin, located outside the ward doors, was not secured. Additionally, one sharps bin was overfilled with items placed on top of the lid.	There was a potential risk of significant harm to patients or other individuals with access to the area in which the bin was located. Additionally, there was a significant risk of harm from a needlestick injury to patients or staff members due to unsecure used needles/equipment containing blood/medications.	HIW immediately raised this with the ward manager.	A lock was placed on the clinical waste bin. A new sharps bin was put in place and used needles/equipment was safely removed. The overfilled bin was secured and removed. The ward manager spoke to all staff of the importance of disposing of sharps.

Appendix B – Immediate improvement plan

Service: **Singleton Hospital, Ward 3**

Date of inspection: **12 and 13 May 2026**

The table below includes any immediate non-compliance 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.

Findings	HIW found that the delivery of care was generally safe and effective. However, we noted the nurse call system was inadequate. HIW found that, although call bells were available at each bedside, the volume was too low to be heard clearly, which meant staff did not always respond promptly. We were informed that holding the call bell button down for an extended period would trigger an emergency alarm. However, staff advised that these alerts were not always treated as emergencies, as patients frequently held the button down for routine care needs. In addition, there were no emergency call bells available in cubicles, bays, or toilets. Staff advised that in a genuine emergency, the only way to summon immediate assistance was by shouting for help. Although this issue was known and had been recorded on the health board risk register, no portable interim system had been introduced while a replacement was awaited. As a result, patients in toilets and bathrooms were unable to alert staff in an emergency. HIW was therefore not assured that patient safety was being maintained, as the existing system was not fit for purpose in enabling patients to request urgent assistance in these areas.

	Improvement needed	**Standard / Regulation**
1.	The health board must ensure that all patients have access to an emergency call bell. The Health Board must ensure that staff respond promptly to call bells when they are activated. The health board must address the issue of the low volume of the call bells.	Safe and Effective Care

Service Action:	Responsible officer	Timescale
1. The call bell system sound issue was checked and repaired by SBUHB estates department	Estates manager	Complete
2. Twice daily checks of the system will be undertaken by the ward team to monitor as it is acknowledged the system is old and there is a risk the issue will reoccur.	Ward manager	Complete and Ongoing
3. Update safety briefing to include monitoring of buzzer sound system.	Ward manager	Complete
4. Estates department attempting to source a replacement part for the defective sound, awaiting feedback.	Estates lead	
5. In an emergency, patient buzzers are pressed 3 times in quick succession to alert of the emergency, followed up by a call for help by staff. There are buzzers within the patient toilets which operate in the same way for an emergency.	Estates lead	31st May 2026
- Estates department have requested a quote from an electrical supplies contractor for a replacement system. The company are attending site and the Estates team is awaiting receipt of the quote to submit for approval.	Site Manager/DHON	31st May 2026
- Relocate the ward next door following the closure of the temporary ward 4 in 4-6 weeks. Ward 4 has an updated call bell system including emergency alarms at the bedside and in the bathrooms.		30th June 2026

Findings	HIW was not assured that patient safety was always maintained as assessment of need and risk assessment had not been completed in a timely manner. Staff confirmed that initiatives, such as 'This is Me' were accessible to allow patient to communicate their needs and preferences to healthcare professionals but were not used. We also found that risk assessments such as falls prevention were available but not completed in a timely manner. In three randomly selected records, we found these were completed between day five and thirteen.

Improvement needed		Standard / Regulation	
2.	The Health Board must ensure that a comprehensive assessment of need is completed for all patients upon admission and is reviewed subsequently as required.	Delivery of safe and effective care – Risk Management and Patient Records	
Service Action:		**Responsible officer**	**Timescale**
Risk assessments:			
1.	All risk assessments have been reviewed to ensure they have been updated and are in compliance	Ward Manager/Sisters	Complete
2.	Undertake audit of falls risk assessments to ascertain completion time frame following transfer to ward.	Ward Manager/Matron	Complete
3.	Feedback audit findings via staff messaging groups and news letter.	Ward manager/sisters	Complete
4.	Update daily safety briefings to include daily reminder that all risk assessments must be updated within policy time frame.	Ward Sister/Manager	29th May 2026
5.	Weekly spot check audit to be undertaken until assurance on compliance is received then monthly audits to maintain compliance.	Ward manager, Sister and Matron	31stJuly 2026
6.	Circulate ESR falls training modules to staff for completion within 1 month, aiming for compliance of 85% by the end of June.	Ward Manager	30th June 2026
"*This is me*" initiative:			
a)	Ensure all patients on the ward, who require the booklet have a completed booklet at bedside, this	Ward Sister	

will be monitored monthly		Complete
b) Share findings of report with ward staff via Team meeting, staff newsletter and via daily safety briefing	Ward manager/Sister	31st May 2026
c) Ward is implementing a monthly mobile pop up Dementia hub (via dementia friendly Swansea) as a quality improvement project for patients and relatives	Ward Sister	2nd June 2026
d) "This is me" will be promoted via ward meeting to remind staff of importance of completion by patients and relatives and the contribution it will provide to safe and effective care	Ward manager	28th May 2026
e) Completion and compliance will be audited as part of weekly documentation audit	Ward manager/Sister/ Matron	31st July 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:

Name (print): Sharron Price

Job role: Group Nurse Director

Date: 21/05/2026

Appendix C – Improvement plan

Service: **Singleton Hospital, Ward 3**

Date of inspection: **12 and 13 May 2026**

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.	Information was available to support patients' health and well-being, including hand hygiene, dental hygiene, carers' support, mental well-being and nutrition and hydration. However, the range of signposting information could be improved.	The health board must ensure relevant information is displayed on the ward, ensuring it is comprehensive, clearly presented and accessible to all patients, including those who may be digitally excluded.	Quality of Patient Experience - Health promotion	Review patient information displayed and identify gaps Update Patient Information board to ensure health promotion, carer support, complaints, discharge and wellbeing information are included.	Matron and Ward Sister	July 2026

2.	Some concerns were identified in relation to responsiveness, communication and dignity. Some environmental and resource issues were also noted that may affect dignity and patient experience, such as no curtain in the shower cubicle. Additionally, shortages of essential personal care items and equipment were reported, including bowls for washing, incontinence aids and towels.	The health board must: • Review staffing levels to ensure patients receive timely support and responsiveness to call bells and toileting requests • Remind staff of the importance of ensuring patients are appropriately covered to preserve dignity in all care interactions • Reinforce expectations of staff regarding respectful and compassionate communication • Ensure privacy measures are in place in all washing and bathing areas	Quality of Patient Experience – Dignified and respectful care	Undertake formal review of nurse staffing levels using a triangulate methodology Include dignity and compassionate care discussions and safety huddles and team meetings Explore installation of shower curtain, if not possible secure screens to improve dignity for the shower cubicle	Head of Nursing PCC / Head of Nursing NPTSSG Ward Sister / Matron Divisional Manager Hospital Operations	To complete by September 2026 July 2026 July 2026

		• Review stock management arrangements so essential personal care items and continence products are consistently available • Ensure patient information displayed on mobile computers is not left visible.		Weekly check of continence products, share on safety briefing staff actions if they require top up. Include reminder of locking digital devices onto Handover for 2 weeks focus during July	Ward Sister / Matron Ward Sister	July 2026 July 2026

3.	Observations during inspection of delays in assistance due to staffing pressures, and patient feedback.	The health board must: • Strengthen arrangements to ensure timely responses to patients requiring assistance • Reinforce compliance with protocols for patients with time-critical conditions.	Quality of Patient Experience – Timely	Undertake formal review of nurse staffing levels using a triangulate methodology Include dignity and compassionate care discussions and safety huddles and team meetings Include Discussions around time-critical conditions at safety huddle and team meetings	Head of Nursing PCC and NPTSSG Matron / Ward Sister Matron / Ward Sister	September 2026 July 2026 July 2026

4.	Practical measures were in place, including disability-friendly equipment, along with pictorial signage in relevant areas. However, we identified several shortcomings in the information and communication arrangements on the ward. There was no evidence that staff routinely asked patients about their preferred language on admission and bilingual information on the ward was minimal. In addition, there was no effective 'who's who' board and the shift board was not consistently maintained,	The health board must ensure that ward information is comprehensive, accessible and always kept up to date, including clear staff identification and the display of relevant patient safety and health promotion information.	Quality of Patient Experience – Communication and language	Review and ensure and up to date "WHO's WHO" board is in place on the ward. Update Patient Information board to ensure health promotion, carer support, complaints, discharge and wellbeing information are included Include a reminder at ward meeting to ensure preferred language and communication needs are captured on admission assessment	Ward sister / Matron	August 2026

5.	We were told that recent staffing shortages within social work had affected the timeliness of some discharges. While there was evidence of focused work between the local authority and health services to strengthen joint working, these workforce pressures had the potential to impact on patient flow and continuity of care.	The health board must continue to strengthen partnership arrangements with the local authority and monitor the impact of social worker capacity on timely discharge planning and patient outcomes.	Quality of Patient Experience – Rights and equality	Reminder email to the ward staff about escalation actions where there are delays in discharge due to social work capacity.	Divisional Mangager Hospital Operations	July 2026
6.	Several environmental concerns were identified which affected tidiness, dignity and safety. Storage space was limited, contributing to clutter and creating potential hazards, including one side room where a fridge obstructed access to cupboards.	The health board must review the environmental layout and storage capacity to reduce clutter and improve safety.	Delivery of Safe and Effective Care – Safe - Risk management	Undertake a stock and storage review and formal decluttering of the ward environment.	Ward sister and Matron	August 2026

7.	Some inconsistencies were observed in relation to PPE use and equipment decontamination. Environmental concerns were also identified, with the ward described as cluttered and untidy, including equipment stored on floors and items obstructing access to bathroom areas, reducing the ability to clean effectively. Housekeeping staff were able to describe cleaning schedules, including deep cleaning procedures and confirmed that records were maintained as evidence. However, staff also reported some difficulty in locating infection control policies on the intranet and concerns were raised that some policies were overdue review and out of date.	The health board must: • Strengthen oversight of IPC practice by reinforcing compliance with PPE and decontamination requirements • Ensure infection rate data is reported clearly and consistently • Addressing environmental clutter and storage issues and reviewing waste and sharps management arrangements • Ensure all relevant policies are current and easily accessible to staff.	Delivery of Safe and Effective Care – Infection, prevention, control and decontamination	Provide focus on IPC compliance and decontamination 10@10 education sessions during July Health Care Acquired infections to be reported into Divisional and Service Group IPC meeting Undertake a stock and storage review and formal decluttering of the ward environment. To include Sharps and waste management IPC policy location to be shared with all staff at next ward meeting	Matrons and Practice Development Nurses Deputy Head of Nursing Ward sister Ward Sister	July 2026 September 2026 August 2026 August 2026

8.	Staff were unable to demonstrate awareness of governance arrangements, reporting procedures, or training requirements relating to oxygen cylinder safety and there was no evidence clinical staff had completed the required British Oxygen Company (BOC) training.	The health board must ensure: • Staff complete BOC oxygen cylinder training • Clear incident reporting and review arrangements are implemented • Governance systems are strengthened so that risks, actions and learning are actively monitored and communicated.	Delivery of Safe and Effective Care – Medicines management	80% of staff to complete 000 The safe use, storage and set up of medical gases and cylinders Review of governance arrangements within directorate and division to ensure shared learning and identification of risks.	Ward Sister Deputy Head of Nursing	October 2026 September 2026

9.	The medicines room was secured by keypad access. However, the medicines fridge was found to be unlocked. During the medicines round, there was no medicines trolley in use, and a computer trolley containing patient details was left in the ward corridor on numerous occasions, presenting a potential information governance and confidentiality risk. There was also no visible system, such as the use of red tabards, to support calm and uninterrupted medicines administration.	The health board should: • Review and strengthen medicines storage arrangements, including the security of the medicines fridge • Ensure mobile equipment containing confidential patient information is not left unattended • Consider the introduction of measures to reduce interruptions during medicines administration.	Delivery of Safe and Effective Care – Medicines management	Remind staff at safety huddles to ensure security of medicines storage, undertake medicine management audit to ensure compliance weekly Include reminder of locking digital devices onto Handover for 2 weeks focus during July Discussion of measures of reduced interruptions to take place at next Nursing and Midwifery Forum, with agreed actions from that meeting	Matron Ward Sister Group Nurse Director	July 2026 July 2026 August 2026

10.	Some variation was evident in staff awareness of specific professional guidance, including access to Nursing and Midwifery Council (NMC) record-keeping guidance and there was limited evidence of a ward-level risk register, with risks instead recorded at hospital level.	The health board must: • Reinforce staff awareness of professional record-keeping guidance • Consider the introduction or strengthening of a ward-level risk register to support local ownership, oversight and mitigation of operational risks.	Delivery of Safe and Effective Care – Effective	Run a 10@10 education sessions throughout August around record keeping guidance Review the directorate risk register alongside the ward team to ensure and strengthen ward ownership	Ward sister Head of Nursing	August 2026 August 2026

11.	Review of patient records.	The health board must: • Reinforce expectations for real-time documentation following care and treatment • Strengthen oversight and review compliance with escalation and reassessment requirements for deteriorating patients • Strengthen oversight of routine care interventions such as bowel management • Ensure improved interoperability or access between multidisciplinary electronic record systems to support	Delivery of Safe and Effective Care – Patient records	Run a 10@10 education sessions throughout August around record keeping guidance Reinforce expected standards of escalation to all staff in safety huddle and newsletter, sharing the findings of this inspection. Weekly Matrons audits to ensure compliance Reinforce expected standards of escalation to all staff in safety huddle and newsletter, sharing the findings of this inspection. Weekly Matrons audits to ensure compliance Explore possibility of MDT access to WNCR	Ward Sister Ward sister / Matron Ward sister / Matron Head of Nursing / Therapy leads	August 2026 July 2026 and ongoing July 2026 and ongoing September 2026

		more cohesive care planning and communication.				
12.	Delays outside the ward's control were noted in relation to social worker allocation and the commencement of agreed packages of care.	The health board must ensure that the ward continues to escalate external discharge delays through appropriate system-wide routes to reduce the risk of avoidable extended stays and support more timely discharge outcomes.	Delivery of Safe and Effective Care – Efficient	Reminder email to the ward staff about escalation actions where there are delays in discharge due to social work capacity.	Divisional Mangager Hospital Operations	July 2026

13.	No assurance was provided that patients were routinely discharged with the required safety netting leaflet to support awareness of the signs and symptoms of sepsis and the action to take if concerns arise. This was not fully aligned with current Welsh Health Circular requirements.	The health board must ensure safety netting leaflets are consistently available and issued on discharge.	Delivery of Safe and Effective Care – Efficient	Provision of safety netting leaflets on the wards.	Divisional Manager Hospital Operations, Site Matron	July 2026
14.	The ward demonstrated that staff worked collaboratively across disciplines to coordinate the involvement of families and carers in care planning and discharge arrangements. The service should continue to build on this good practice by ensuring that family and carer involvement is consistently documented within patient records, providing clear evidence of shared decision-making and coordinated planning.	The health board must strengthen daily huddle actions recording family or carer involvement, to provide a clear audit trail of discharge planning and shared decision-making.	Delivery of Safe and Effective Care – Efficient	Share inspection findings with the MDT Review documentation and implement improvement to ensure family / carer involvement is documented Documentation Audit to ensure compliance in September 2026	Ward Therapy leads / Site Matron	September 2026

15.	Findings during inspection, including a review of staff records of training and appraisals. No evidence of meetings being minuted or shared learning / actions arising from meetings.	The health board must: • Review staffing arrangements to ensure workforce levels consistently reflect patient acuity, dependency and enhanced care requirements • Ensure appraisals are undertaken annually when due • Ensure meetings are minuted and shared with staff in their absence • Ensure there is continued monitoring to address the impact of sickness absence on resilience and capacity.	Quality of Management and Leadership - Governance and Leadership - Skilled and enabled workforce	Undertake formal review of nurse staffing levels using a triangulate methodology	Head of Nursing PCC and NPTSSG	September 2026
				Improve compliance with PADRs with 85% to be achieved by October 2026	Ward Sister	October 2026
				Provide Minutes of staff meetings	Ward Sister	Implement immediately
				Reporting sickness / absence into divisional workforce meetings	Deputy head of nursing / Divisional manager	July 2026

16.	Findings during inspection. There was limited visible evidence for patients and families of how feedback had led to change. While posters relating to feedback and concerns were present, information was not consistently aligned with the current 'Listening to People' approach. There was no clear display showing how the health board had learned and improved in response to feedback.	The health board must: • Ensure that current NHS Wales 'Listening to People' information is displayed consistently across the ward • Reinstate clear 'you said, we did' style information to demonstrate learning from feedback and complaints.	Quality of Management and Leadership - Culture - People engagement, feedback and learning	Display the Listening to People information on the Ward Reinstate "you said / we did" board	Ward Sister. Quality, Safety and Risk team Ward Sister	July 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: 

Name (print): Sharron Price

Job role: Group Nurse Director **Date: 1.7.26**