

## **Hospital Follow Up Inspection (Unannounced)**

**Abertawe Bro Morgannwg  
University Health Board**

## **Princess of Wales Hospital, Ward 10 and Emergency Department**

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2017

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	6
	Quality of the patient experience .....	6
	Delivery of safe and effective care .....	13
	Quality of management and leadership .....	24
5.	Next Steps .....	27
6.	Methodology.....	28
	Appendix A .....	30

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an unannounced inspection to the Princess of Wales Hospital, Bridgend within Abertawe Bro Morgannwg University Health Board on the 17 and 18 January 2017. The following wards/departments were visited during this inspection:

- Ward 10 (Trauma and Orthopaedic)
- Emergency Department

Our team, for the inspection, comprised of two inspection managers (one of whom led the inspection), one peer reviewer and one lay reviewer. Also in attendance were two HIW staff and one external staff member who were observing the inspection process.

Further information about how HIW inspect NHS hospitals services can be found in Section 6.

## 2. Context

Abertawe Bro Morgannwg University Health Board was formed on 1st October 2009 as a result of a reorganisation within the NHS in Wales and consists of the former Local Health Boards (LHBs) for Swansea, Neath Port Talbot and Bridgend and also the Abertawe Bro Morgannwg University NHS Trust. The Health Board covers a population of approximately 500,000 people.

The Health Board has four acute hospitals providing a range of services; these are Singleton and Morriston Hospitals in Swansea, Neath Port Talbot Hospital in Port Talbot and the Princess of Wales Hospital in Bridgend. There are a number of smaller community hospitals and primary care resource centres providing clinical services outside of the four main acute hospital settings.

### **The Princess of Wales Hospital**

The Princess of Wales Hospital is a district general hospital located on the outskirts of Bridgend in South Wales. It provides a range of acute surgery and medicine for patients of all ages, including inpatient, outpatient and day services.

Ward 10 is a 29 bedded ward specialising in trauma and orthopaedic surgery. Patients are usually admitted to the ward via the Emergency Department rather than as booked admissions.

The Emergency Department is open 24 hours a day, 365 days a year and receives patients via emergency 999 calls, referrals from General Practitioners (GPs) and also those patients that self present. The department streams patients on arrival to minors or majors (including resuscitation) depending on their presenting conditions.

### 3. Summary

Healthcare Inspectorate Wales conducted unannounced dignity and essential care inspections to Ward 9<sup>1</sup> and the Emergency Department<sup>2</sup> during October 2014 and February 2015 respectively. The main purpose of this recent inspection was to follow up on the health board's progress in addressing the improvements needed from our previous inspections.

On this occasion we chose to inspect Ward 10, which is also a trauma and orthopaedic ward rather than Ward 9. This was to establish whether improvement action described by the health board in response to our previous inspection activity had been applied across the speciality of trauma and orthopaedics.

We found that limited progress had been made in applying improvement action on Ward 10. Within the Emergency Department, it was pleasing to see that improvement action had been implemented and sustained to address much of the improvement needed at our last inspection. There were, however, some areas where work had not progressed and improvement was still needed.

Overall, we found evidence that the staff teams working on Ward 10 and the Emergency Department provided care that was safe and effective.

This is what we found the health board did well:

- Overall, patients who provided comments on their experiences were happy with the care they had received
- We found that patients and their carers could provide feedback about their experiences through a variety of ways
- Arrangements were in place to reduce cross infection and staff where adhering to cross infection procedures. This was particularly evident on Ward 10

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<sup>1</sup> <http://gov.wales/docs/hiw/inspectionreports/DECI%20Report%20-%20Princess%20of%20Wales%20Hospital%20-%202017,%2018%20October%202014.pdf>

<sup>2</sup> <http://gov.wales/docs/hiw/inspectionreports/Dignity%20and%20Essential%20Care%20Inspecti on%20report%20-%20Princess%20of%20Wales%20Hospital%20-%202017%20and%2018%20February%202015.pdf>

- Staff at all levels demonstrated a willingness to learn from the inspection and to make improvements as necessary.

This is what we recommend the health board could improve:

- The arrangements for promoting patients' privacy and dignity
- The timeliness of attending to patients' requests on Ward 10 and patient flow through the Emergency Department
- Facilities for storing equipment on Ward 10
- Security of the Emergency Department
- Completion of patient monitoring records on Ward 10
- Aspects of medicines management on Ward 10
- Completion of thromboprophylaxis risk assessments

## 4. Findings

### *Quality of the patient experience*

Overall, patients told us that they were happy with the care they had received. We saw staff being kind to patients and treating them with courtesy and respect.

We saw that patients were being cared for within mixed sex bays on Ward 10. Both ward staff and senior hospital staff acknowledged that this was not acceptable and we required that arrangements be made to ensure that patients were not admitted to mixed sex bays. Patients told us that sometimes they had to wait to be helped by staff and felt that this was due to there not being enough staff working on the ward.

In the Emergency Department, we saw that patients were waiting in areas not intended to provide care and treatment. We saw improvements had been made since our last inspection to promote patients' privacy and dignity. Difficulties with patient flow through the department, however, caused difficulties for staff to promote patients' privacy and dignity. No concerns were raised by patients regarding the amount of time they had been waiting to be seen by a doctor.

We found that patients and their carers could provide feedback about their experiences through a variety of ways.

### Dignified care

#### ***Standard 4.1 Dignified care***

*People's experience of healthcare is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.*

In total, 20 questionnaires were completed and returned to us during the inspection. We received completed questionnaires from patients or their visitors from both Ward 10 and the Emergency Department.

The comments we received showed that patients felt that:

- staff had always been polite to both them and their friends/families and had called them by their preferred name

- staff had talked to them about their medical conditions and helped them to understand them
- staff had listened to them
- staff had been kind and sensitive when providing care

Throughout our inspection, we also observed staff being kind to patients and their visitors and treating them with respect, courtesy and politeness.

### Ward 10

The ward had 29 beds organised across four multiple bedded bays and four single cubicles. We saw that two of the bays were designated as single sex areas. We also saw staff closing curtains around bed areas and closing doors to cubicles. This helped to promote patients' privacy and dignity, especially when assisting patients with personal care.

We saw that the remaining two bays were mixed sex areas, with both male and female patients. We were told that bays on the ward had been used as mixed sex areas since December. We discussed this with senior hospital staff and ward staff. They acknowledged that this presented challenges for ward staff to maintain patients' privacy and dignity. They told us this was a result of significant numbers of patient admissions to the hospital and was not a permanent arrangement. Senior hospital staff confirmed that decisions to admit patients to a mixed sex bay were only made following a suitable risk assessment and with agreement with patients. This was to promote patient safety and to ensure patients were admitted to the most appropriate ward depending on their assessed care needs. Conversations with ward staff, however, indicated that they were not aware of this process. Ward staff confirmed that efforts would always be made to move patients to single sex areas as soon as possible.

During our inspection, senior hospital staff confirmed that action was being taken to move those patients affected to more appropriate single sex areas.

Whilst HIW acknowledges the reasons provided by senior hospital staff for this temporary arrangement, patients being cared for in mixed sex areas is not appropriate. It is also not in keeping with guidance issued by Welsh Government.

Senior staff confirmed that for the purposes of reporting and monitoring of such incidents, an electronic incident form would be completed. Ward staff, however, told us that they would not routinely complete this form when a patient was admitted to a mixed sex area. This meant that the health board may not be fully

aware of the number of patients involved and the immediate action taken to resolve individual incidents. In addition, a lack of reporting may not fully reflect the issue so that long term action can be taken to help make improvements in this regard.

***Improvement needed***

***The health board is required:***

- ***to make suitable arrangements to ensure that patients are not admitted to mixed sex areas***
- ***to ensure that staff follow the health board's incident reporting policy***

At our last inspection of the neighbouring orthopaedic ward we identified that privacy signs were not being used to indicate when toilets were in use. The use of clear signs would help promote patients' privacy and dignity and protect patients from unwanted exposure.

We saw that the toilet and washing facilities on Ward 10 were not designated as single sex facilities. Whilst there were simple locks on the door (and a small indicator to show the facilities were being used) we found that these were not being used to prevent staff or patients inadvertently opening the doors. This may increase the likelihood of unwanted exposure.

In response to our previous inspection, the health board confirmed that signs had been made and were being tested. During this recent inspection we saw that privacy signs were not used and no satisfactory reason was given for this.

***Improvement needed***

***The health board is required to make arrangements to protect patients who are using toilet and washing facilities against unwanted exposure.***

**Emergency Department**

The department had a number of assessment and treatment areas, including a resuscitation room, 'majors' bay, 'minors' cubicles and a triage room. We saw staff drawing curtains to maintain patients' privacy and dignity.

At times of pressure on the department, non treatment areas were also used to accommodate patients. During our inspection, we saw patients were in areas not designated as treatment areas. This presented obvious challenges to staff to promote patients' privacy and dignity. We saw staff made efforts to protect patients' privacy and dignity through the use of portable screens.

### ***Improvement needed***

***The health board is required to make arrangements to ensure patients can wait and be cared for in appropriate areas to promote their privacy, dignity and safety.***

At our last inspection of the Emergency Department we identified improvement was needed to ensure patients privacy is maintained. In response to our previous inspection, the health board described actions to address this. We saw that new cubicle curtains were being used, which included privacy notices and were assured that staff had been reminded of the need to promote privacy during the triage assessment. Whilst proposed modifications to the reception area had been described previously, this work had not progressed.

### ***Improvement needed***

***The health board should explore and implement ways to improve the level of privacy for patients booking in at the Emergency Department's reception area.***

#### *Standard 4.2 Patient information*

*People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner.*

#### *Standard 3.2 Communicating effectively*

*In communicating with people health services proactively meet individual language and communication needs.*

### Ward 10

We saw there were pictorial signs displayed to help patients find toilets and washing facilities on the ward. There was also general information about the ward displayed for patients and visitors to see. For example, information on visiting arrangements, the colour coded hospital staff uniforms, how to reduce pressure sores, falls and cross infection. Some information was displayed in both Welsh and English.

We asked staff about assistance and specialist aids available on the ward to those patients with communication needs. We were told Braille, sign language and aids such as a hearing loop were not available.

All patients or visitors we spoke to said they had been kept up-to-date with patients' care and treatment and that staff had explained things to them.

### Emergency Department

We saw signs were displayed within the department to help patients find their way around. There were also notice boards and an electronic screen displaying general information about the department. This included information for patients about the system of triage and patient prioritisation. Information for patients about how long they may have to wait to be seen by a doctor was not displayed. We were told that this was because patients were seen on a priority basis, according to their assessed care and treatment needs. We were told, however, that reception staff would inform patients about anticipated waiting times when they arrive and that arrangements were in place for nursing staff to update the reception staff about waiting times. The health board may wish to consider whether this information can be provided to patients more efficiently to prevent patients having to return to the reception desk to make enquires.

We spoke to one patient and were told that staff had kept the patient well informed of what was happening, clearly explaining the care and treatment that had been given and that proposed.

At our last inspection of the Emergency Department, we identified that improvement was needed around communicating with patients. In response to our last inspection, the health board described actions to address this. It was pleasing to see that a working hearing loop was available at reception and we were told that information for staff on how to access interpreters had been improved and added to the health board's intranet system. We were told that one member of staff was trained in the use of British Sign Language and that another member of staff had expressed an interest in having training. There were no facilities for Braille.

### ***Improvement needed***

***The health board should continue with arrangements to support staff to attend training on the use of sign language and introduce arrangements to further support those patients with additional needs to receive and respond to information.***

## Timely care

### **Standard 5.1 Timely access**

*All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff.*

### Ward 10

We saw staff being attentive to patients and responding to their requests for assistance. Two patients we spoke to told us that sometimes they had to wait for staff to answer their buzzers. Patients felt this was due to there not being enough staff working on the ward.

Staff also told us that sometimes there was a delay in attending to patients and felt that more staff were required. In addition we were told that due to the health board's policy requiring two nurses to administer certain pain relieving medication (for patient safety reasons) this sometimes caused a delay in patients being able to have their physiotherapy.

We informed senior hospital managers of this and they agreed to act upon our findings to ensure that patients' needs were being met.

### ***Improvement needed***

***The health board is required to explore the reasons why patients' care needs are not always being met in a timely way and take action as appropriate.***

### Emergency Department

We saw that the Emergency Department had a system in place to monitor the length of time patients were waiting in the department. Staff told us this was closely monitored and explained that departmental staff worked hard to complete assessments and make referrals for patients to be seen by medical and surgical teams. We were told that delays were caused by difficulties in moving patients from the Emergency Department to other wards within the hospital, due to a lack of available beds.

On the days of our inspection, those patients and visitors we spoke to told us that they had been triaged immediately and were awaiting further tests. No concerns were raised regarding the amount of time they had been waiting to be seen.

At our last inspection of the Emergency Department, we identified that improvement was needed around patient flow. In response to our inspection findings the health board described a range of actions to improve this. Senior departmental staff told us that work was still ongoing to improve patient flow through the Emergency Department. We were told that a senior nurse had been appointed to specifically work on patient flow. A Surgical Admissions Unit had not been developed and we were told that plans for this remained ongoing.

***Improvement needed***

***The health board is required to provide an update on the schemes to improve patient flow.***

**Individual care**

***Standard 6.3 Listening and learning from feedback***

*People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback.*

**Ward 10 and the Emergency Department**

We found that patients and their carers were provided with ways to provide feedback on their experiences.

We saw that *Friends and Family* comment cards were available at both Ward 10 and the Emergency Department. These could be completed by patients and relatives before being placed in designated post boxes. Information on how to contact the local Community Health Council was also displayed in both areas.

We saw that *Friends and Family* feedback was clearly displayed within the Emergency Department for staff and patients to see. We were told that this, together with results of other audit activity, was shared with staff with a view to making service improvements and for the process of revalidation with professional bodies.

We did not see that feedback was displayed within Ward 10 and the health board should explore the reasons for this and take action as appropriate.

## ***Delivery of safe and effective care***

Overall, arrangements were in place to promote the safety and welfare of patients. We identified that improvement was needed so that equipment on Ward 10 was safely stored. The current arrangements for accessing the main hospital at night via the Emergency Department also need to be reviewed.

We found that patients were assessed for their risk of developing pressure damage and their risk of falls. We also found that care plans had been put in place to help prevent pressure sores and falls. Whilst we saw monitoring records within the Emergency Department were up to date, we identified improvement was needed around the completion of the monitoring records used on Ward 10. We found arrangements were in place for infection prevention and control.

We saw that staff helped patients to maintain their oral hygiene and helped them to eat and drink. We found that improvement was needed around offering patients opportunities to wash their hands before meals.

We identified that improvement was needed around medicines management, particularly on Ward 10. When brought to the attention of senior staff, they addressed this promptly.

We saw arrangements were in place to protect the welfare and safety of vulnerable adults.

### **Safe care**

#### ***Standard 2.1 Managing risk and promoting health and safety***

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

#### **Ward 10**

During a tour of the ward, it was evident that there was a lack of appropriate storage on the ward. We saw that moving and handling equipment was stored in the main corridor leading to the ward. One of the empty bed areas on the ward was also being used to store walking aids and boxes of medical supplies.

A lack of storage for equipment was also identified at our last inspection. In response to our inspection, the health board described other areas that were available off the ward. These arrangements had not satisfactorily resolved the issue due to the location of the storage area. Senior staff had already identified more storage space was needed and arrangements were being made to provide an additional cupboard / store room to safely store equipment.

***Improvement needed***

***The health board is required to progress with plans to provide additional storage for equipment used on the ward.***

The ward had one office that could be used for private conversations. This office was frequently accessed by ward staff and other members of the multidisciplinary healthcare team during the course of the day. The health board should, therefore, consider providing other space nearby, where private or sensitive conversations could take place between staff and relatives without interruptions.

Emergency Department

We saw that the department was clean and tidy and free from obvious hazards.

At our previous inspection, we identified improvement was needed so that staff could observe patients waiting in the main waiting room for signs of deterioration. Whilst we saw that posters had been removed to make it easier for reception staff to see patients, we identified that further improvements could be made in this regard. Senior staff told us that the health board had developed plans to improve visibility of the waiting room but this work had not progressed further.

We also saw that an additional patient waiting area was in use away from the main reception. However, we found there was no mechanism to monitor patients and those we spoke to in this area told us that staff did not often check on them. We were told that there was a poster displayed in the waiting area informing patients what to do if their condition deteriorated. However, we could not see this was in place.

***Improvement needed***

***The health board is required to review the arrangements to promote the wellbeing of patients waiting in the main waiting and sub waiting areas.***

Senior staff told us that the main corridor through the department was used as a thoroughfare to the main hospital during the night. Senior staff told us that they felt this could pose a security risk and compromise patients' privacy.

### ***Improvement needed***

***The health board is required to review the existing arrangements for visitors to access the hospital at night and make suitable arrangements to promote the safety and privacy of patients.***

During our previous inspection, we identified that there was limited toilet facilities within the department for patients to use. We saw that this situation had not been improved. In response to our previous inspection, the health board described plans to increase the number of toilets from one to two. This work had not progressed. Senior hospital staff told us that this work would not now commence until the Spring of 2017.

### ***Standard 2.2 Preventing pressure and tissue damage***

*People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage.*

#### Ward 10

We looked at the care records of two patients on Ward 10. We saw that both patients had been assessed for their risk of developing pressure damage (pressure sores) using a recognised assessment tool. We also saw that written care plans had been put in place to direct staff on how to prevent the patients from developing pressure damage. Pressure relieving equipment was in use to help prevent patients from developing pressure damage.

Both patients had monitoring records that had been completed to show that staff had checked the patients' skin for signs of pressure damage. The monitoring record for one patient had been completed regularly and was up to date. The record for the other patient had not always been completed fully and was not up to date

### ***Improvement needed***

***The health board is required to make arrangements to ensure staff fully complete monitoring records for patients identified as being at risk of developing pressure damage and that these are kept up to date.***

Health promotion leaflets on how to prevent pressure damage were readily available for patients and their carers to read.

## Emergency Department

We also looked at the care records for two patients in the Emergency Department. We saw that both patients had been assessed for their risk of developing pressure damage (pressure sores) using a recognised assessment tool.

Both patients had care plans. We saw that monitoring records had been completed and these were up to date. We were told that all trolleys had pressure relieving mattresses to help prevent patients developing pressure damage.

### ***Standard 2.3 Falls prevention***

*People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability.*

We did not consider falls management within the Emergency Department at this inspection.

## Ward 10

We saw that both patients had been assessed for their risk of falls using a recognised assessment tool. We also saw that written care plans had been put in place to reduce the risk of patients falling and that these had been reviewed regularly.

We saw evidence of ongoing monitoring of patients but these records had not always been completed regularly.

### ***Improvement needed***

***The health board is required to make arrangements to ensure staff fully complete monitoring records for patients identified as being at risk of falls.***

### ***Standard 2.4 Infection Prevention and Control (IPC) and Decontamination***

*Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated*

*infections.*

### Ward 10

During our inspection, some patients were being nursed in isolation to reduce cross infection. We saw that clear signage was in place requesting visitors to speak to ward staff before entering rooms. The signage also provided information on the precautions to take to reduce cross infection.

We also saw that personal protective equipment was readily available and being used by staff.

Staff told us that equipment was being stored in one of the patient bays that had been temporarily closed to patient admissions. The bay had been closed to reduce cross infection. Given that the equipment would be used for other patients in the ward, we asked staff about the cleaning arrangements for this equipment. Staff told us that the equipment was cleaned by nursing staff.

### Emergency Department

At our last inspection of the Emergency Department we identified that improvement was needed around cleaning schedules.

At this inspection, we saw that there were schedules in place for the cleaning and checking of children's toys in the waiting areas. The records showed that checks were performed several times a week.

Staff told us that housekeeping staff cleaned the toilet facilities twice a day and that in between these times this was the responsibility of the nursing staff. A cleaning schedule was not in place. Given that there was only one toilet in the department for use by patients, the current arrangements may cause difficulties for staff in keeping these facilities clean and hygienic. The health board should, therefore, review the frequency of cleaning these facilities to reduce cross infection and promote patients' well being.

### ***Improvement needed***

***The health board should review the frequency of cleaning the toilet facilities to reduce cross infection and promote patient wellbeing.***

We saw that regular audits had been conducted on both Ward 10 and the Emergency Department. This was with a view to identify areas for improvement so that action could be taken as necessary to promote good infection practice.

## **Standard 2.5 Nutrition and hydration**

*People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury.*

### Ward 10

At our previous inspection, we identified that improvement was needed around patients being offered the opportunity to wash their hands before meals. In response to our inspection, the health board described it was testing options such as hand wipes for patients' who could not easily use a wash hand basin. It was disappointing to see that patients were still not being offered the opportunity to wash their hands prior to having their meals. This suggests that any improvement made had not been sustained.

### ***Improvement needed***

***The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands before mealtimes.***

During our inspection we did see that patients had drinks within easy reach and that staff helped patients to eat and drink depending on their condition.

Within the sample of patients' care records we looked at, we saw that staff had used a nutritional risk assessment tool to identify patients' nutritional care needs. We also saw that written care plans had been developed. Overall, monitoring records had been completed fully and were up to date.

### Emergency Department

At our last inspection of the Emergency Department, we identified improvement was needed around assessing and helping patients with their oral care, assisting patients to eat and drink and the completion of monitoring records. In response to our inspection, the health board described a number of actions to address the improvement needed.

Senior staff told us that following the last inspection, staff had been reminded of their responsibilities regarding helping patients to eat and drink. We saw a copy of the correspondence that had been sent to staff following our last inspection.

It was pleasing to see that an oral hygiene assessment tool had been added to the department's nursing assessment documentation and that this had been completed for the two patients whose records we saw. We also saw that

monitoring records had been maintained and were up to date. Oral care equipment for patients to use was available in the department.

Senior staff described that additional specialist trays had been purchased to make it easier for patients on trolleys to eat their meals. During our inspection we saw staff offering patients hot drinks.

At the time of inspection, staff told us that the main dishwasher (used for wards and departments across the hospital) was broken. In the interim, paper plates were being used for serving meals to patients. Senior hospital staff recognised that this arrangement was not ideal and gave an assurance that a new dishwasher was being installed in February.

***Improvement needed***

***The health board is required to provide HIW with an update on the progress of installing a working dishwasher.***

***Standard 2.6 Medicines management***

*People receive medication for the correct reason, the right medication at the right dose and at the right time.*

Ward 10

We saw that medicines were stored in lockable cupboards and trolleys in a lockable room. During the first day of our inspection, however, we saw that both the room and trollies had been left unlocked. In addition we saw that a trolley being used during a medication round had been left unlocked during a medication round. We immediately informed senior ward staff of our findings so that corrective action could be taken. Before the end of our inspection, we saw that the room was locked when not being used and that the trolleys stored in the room were also locked.

We identified that the temperature of the room used to store medicines felt warm. Staff told us that the room temperature was not monitored and recorded routinely. Senior staff also told us that they had identified that the room was warm and that proposals for estates work were being considered by the health board to make improvements to medicines storage more generally.

Medicines requiring refrigeration were being stored in a lockable fridge, which was locked when not being used. Staff confirmed that the temperature of the

fridge was monitored and recorded daily. On the first day of our inspection, however, the record could not be found. Before the end of our inspection, senior staff had commenced a new record for monitoring both the room and fridge temperature.

***Improvement needed***

***The health board is required to make suitable arrangements to satisfy itself that medicines used within clinical areas are being stored safely and as per manufacturer's instructions.***

We saw that Controlled Drugs were stored securely. Overall, records showed that staff had done daily stock checks in accordance with the health board's own policy. We saw, however, that there were some gaps in the records, which suggested that checks may not have been done. We informed senior staff of our findings who, before the end of our inspection, had investigated the reason for this provided an assurance that corrective action had been taken.

It was reassuring to find that senior ward staff had taken opportunities to learn from the above issues and had made / were making arrangements to prevent these from happening again.

We also looked at a sample of nine patients' medication administration records (MARs). We saw that overall, these had been completed fully. We did find some examples where improvement was needed. These were, medication had been prescribed for one patient but the MAR had not been signed by a doctor, staff had not always signed the MARs to show they had checked anti-embolism stockings were being worn correctly for the same patient and another and the duration of antibiotic treatment had not been specified for another patient. In addition, we saw that the MARs of two patients indicated that on one occasion, one dose of medication had not been administered but there was no explanation as to why. Therefore we could not tell whether these patients had received their medication or not.

***Improvement needed***

***The health board is required to suitable arrangements to satisfy itself that nursing and medical staff who have responsibility for prescribing and administering medication adhere to the health board's policy for the safe use of medicines.***

## Emergency Department

At our previous inspection, we identified improvement was needed around staff following the correct procedure for using the hypo-box<sup>3</sup>. During this recent inspection we found that action had been taken to address this. There was written guidance and information available to prompt staff on the correct use of the hypo box.

We saw that medicines used within the department were stored safely and securely. We saw, however, that medication brought into the department by two patients had been left unsecured by a desk within the department. This may increase the risk of patients' own medication becoming lost. We informed senior staff of our concerns and immediate action was taken to keep the medication safe. It also prompted senior staff to implement a new procedure for storing patients' own medication to keep it safe.

We looked at a sample of four patients' MARs. We found these had been completed fully and were up-to-date.

Again, we saw that Controlled Drugs were stored securely within the Emergency Department. Overall, records showed that staff had done daily stock checks in accordance with the health board's own policy. We saw, however, that there were some gaps in the records, which suggested that checks had not been done. We informed senior staff of our findings who, before the end of our inspection, had investigated the reason for this provided an assurance that corrective action had been taken.

We also found that daily checks on the fridge temperature were not being carried out. Before the end of our inspection, senior staff had implemented a revised checklist to remind staff to check and record the fridge temperature.

Both Ward 10 and the Emergency Department were visited by pharmacists who were able to provide staff and patients' with advice and support on the medicines used. We were told that in the Emergency Department, a pharmacist visited on an ad hoc basis for approximately one hour per week. Staff felt that increased pharmacy cover would be beneficial.

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<sup>3</sup> A hypo-box contains medication and equipment that may be used to treat patients with a severe hypoglycaemia (a low blood glucose that requires prompt treatment).

***Improvement needed***

***The health board is required to review the pharmacy support to the Emergency Department and take action as necessary to ensure this is sufficient.***

Ward 10 and Emergency Department

We found that written thromboprophylaxis risk assessments, to identify whether patients should have treatment to prevent blood clots, had not been routinely completed by doctors. Our previous inspections have also identified that thromboprophylaxis risk assessments were not always being completed. The health board is required to take action to ensure that improvement is made and sustained in this regard.

***Improvement needed***

***The health board is required to make suitable arrangements to satisfy itself that medical staff who have responsibility for completing thromboprophylaxis risk assessments do so in accordance with the health board's policy.***

***Standard 2.7 Safeguarding children and adults at risk***

*Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.*

Ward 10

Senior staff confirmed that there were patients on the ward subject to Deprivation of Liberty Safeguards (DoLS) authorisations. We looked at the documentation in place for one patient and saw that this was complete. Senior ward staff demonstrated a good understanding of the DoLS process.

Emergency Department

At our last inspection of the Emergency Department, we identified that improvement was needed to support staff to attend safeguarding training. It was pleasing to see that improvement had been made in the percentage of staff that attended safeguarding training.

## **Effective care**

### ***Standard 3.5: Record keeping***

*Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance.*

At our previous inspections we identified that improvements were needed around the completion of care records. This inspection focussed on the completion of records associated with the prevention and management of pressure damage and falls. We also looked at patients' medication administration records and monitoring charts. Our findings in this regard are described earlier in this report.

## *Quality of management and leadership*

**A management structure with clear lines of accountability and reporting to senior staff within the service delivery unit were described and demonstrated.**

**During the course of our inspection, it became apparent that the staffing arrangements on Ward 10 meant that senior staff had limited adequate management time to fulfil the management duties associated with the role. Senior hospital staff gave an assurance that efforts were being made to help resolve this. We found strong leadership being provided by senior staff in the Emergency Department and saw staff working effectively as a team.**

**Staff were friendly and demonstrated a commitment to providing high quality and safe care to patients.**

### **Governance, leadership and accountability**

#### ***Health and Care Standards, Part 2 - Governance, leadership and accountability***

*Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care.*

#### **Ward 10 and Emergency Department**

Management responsibilities within Abertawe Bro Morgannwg University Health Board are divided across six service delivery units. Both Ward 10 and the Emergency Department sit within the Princess of Wales Service Delivery Unit.

A management structure with clear lines of accountability and reporting to senior staff within the service delivery unit were described and demonstrated.

Senior staff described a system of regular clinical audit as part of the overall quality monitoring activity. We were told that results of audits were provided to senior hospital staff so that areas for improvement could be identified and addressed as appropriate.

During our inspection, we invited staff working within both areas we visited to complete a HIW questionnaire. Through our questionnaires we asked staff to

provide their comments on a range of topics related to their work. In total, nine completed questionnaires were returned. Most of these were completed by staff working in the Emergency Department.

All staff who completed and returned questionnaires told us their immediate managers were supportive and provided clear feedback on their work. Responses within our questionnaires also showed that staff felt their managers encouraged team work.

### **Staff and resources**

#### ***Standard 7.1 Workforce***

*Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need.*

#### **Ward 10**

Whilst inspecting Ward 10, we observed a very busy clinical environment with patients requiring a significant amount of help with from the multidisciplinary team. Staff were friendly and demonstrated a commitment to providing high quality and safe care.

Whilst we saw that patients were being well cared for, we identified that additional staff may have been helpful to further promote high quality and safe patient care. This was particularly apparent during the first day of our inspection. We were told that an additional staff member had been requested but that the request could not be fulfilled. An additional member of staff was obtained on the second day of our inspection to assist with the close observation of two patients.

During the course of our inspection, it became apparent that current staffing arrangements meant that senior staff had limited adequate management time to fulfil the management duties associated with the role. We were told that this had been escalated to senior hospital staff and action had been proposed to resolve the situation. We also followed this up with senior hospital staff immediately after our inspection. They provided written assurance that action had been taken, and was ongoing, to make improvements in this regard.

#### **Emergency Department**

During the course of our inspection we saw that the Emergency Department experienced busy periods. Staffing levels and skill mix appeared appropriate to

meet the needs of patients within the department at the time of our inspection visit. Staff were friendly and demonstrated a commitment to providing high quality and safe care.

We found strong leadership being provided by senior staff and saw staff working effectively as a team.

#### Ward 10 and the Emergency Department

Staff who completed HIW questionnaires told us that they had attended training on a range of topics. A minority of staff who returned questionnaires, however, indicated that they had either not attended or had not attended recent training in, Health and Safety, the Mental Capacity Act, Deprivation of Liberty Safeguards, dementia and care of older persons. The health board should explore the reasons for this and support staff to attend training as appropriate.

## 5. Next Steps

This inspection has resulted in the need for the health board to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

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

## 6. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards 2015**



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the patient experience:**  
We speak with patients (adults and children), their relatives,

representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.

- **Delivery of safe and effective care:**  
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of management and leadership:**  
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

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

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

## Appendix A

**Hospital Inspection:** Improvement Plan

**Hospital:** Princess of Wales

**Ward/ Department:** Ward 10

**Date of inspection:** 17 and 18 January 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
<b>IMMEDIATE ASSURANCE ACTIONS</b>					
No immediate assurance actions required.					
<b>Quality of the patient experience</b>					
8	The health board is required: <ul style="list-style-type: none"><li>to make suitable arrangements to ensure that patients are not admitted to mixed sex areas</li><li>to ensure that staff follow the health board's incident reporting policy</li></ul>	4.1	Policy for single sex accommodation to be reinforced/re-issued to ward staff at all levels.	Unit Nurse Director	Completed 18 <sup>th</sup> January 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>Bed Managers and out of hours nursing teams to report, discuss any breach in single sex accommodation at their handovers and bed meetings.</p> <p>Increase analysis of single sex accommodation breaches to gain clearer understanding on the extent and impact of breaches.</p>	<p>Senior Matron (Bed managers) Matron for out of hour nursing teams</p> <p>Head of POW Delivery Unit governance team</p>	<p>Complete</p> <p>Added to Datix User Group agenda for March 2017. Data to be reported on by mid April 2017 – actions monitored via this group.</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
8	The health board is required to make arrangements to protect patients who are using toilet and washing facilities against unwanted exposure.	4.1	<p>Assess scope to relocate staff toilet (based on ward) and allocate this as an additional patient toilet</p> <p>Laminated signs to be put in place to encourage patients to lock door as appropriate</p> <p>Put in place gender specific signage</p> <p>POW delivery unit to scope all ward areas to ensure gender specific signage is in place</p>	<p>Ward Sister</p> <p>Ward Sister</p> <p>Ward Sister</p> <p>Unit Nurse Director</p>	<p>Scoping exercise to be completed by 1<sup>st</sup> April 2017</p> <p>1<sup>st</sup> April 2017</p> <p>1<sup>st</sup> April 2017</p> <p>1<sup>st</sup> May 2017</p>
11	The health board is required to explore the reasons why patients' care needs are not always being met in a timely way and take action as appropriate.	5.1	Review of acuity and dependency of patients to be completed monthly	Ward Sister	1 <sup>st</sup> April 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>April and May 2017 acuity/dependency audits will be analysed in conjunction with a review of ward 10's staffing establishment and skill mix</p> <p>Bed side handover to be introduced on ward 10 to promote effective communication of patients individual needs; additional matron walkabouts and spot checks to assure compliance with this implementation</p>	<p>Ward Sister &amp; Matron</p> <p>Ward Sister &amp; Matron</p>	<p>1<sup>st</sup> June 2017</p> <p>1<sup>st</sup> May 2017</p>
<b>Delivery of safe and effective care</b>					
14	The health board is required to progress with plans to provide additional storage for equipment used on the ward.	2.1	Hospital Director to review and liaise with EBME to identify an alternative area that EBME can be located to which would enable large orthopaedic equipment for ward 9 and 10 to be stored.	Hospital Director	1 <sup>st</sup> May 2017 – monitored via POW Quality & Patient Safety Committee

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
15	The health board is required to make arrangements to ensure staff fully complete monitoring records for patients identified as being at risk of developing pressure damage and that these are kept up to date.	2.2	<p>Audits to be undertaken, reported on and actions plans developed and followed up by Ward Sister and Matron.</p> <p>Peer audits to be commenced (Matrons/Ward Sisters/Charge Nurses to cross audit each other's areas).</p> <p>Increase documentation audits to weekly on Ward 10 for the next 3 months.</p> <p>All lessons learned to be shared and cascaded at documented monthly ward meetings commenced March 2017</p> <p>All the above actions will be monitored via POW Quality &amp; Patient Safety Committee.</p>	<p>Ward Sister</p> <p>Senior Matron for Orthopaedics</p> <p>Senior Matron to co-ordinate</p> <p>Ward Sister</p>	<p>Undertaken monthly</p> <p>Undertaken monthly</p> <p>1<sup>st</sup> May 2017</p> <p>Review June 2017</p> <p>All the above actions will be monitored via POW Quality &amp; Patient Safety</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
					Committee
16	The health board is required to make arrangements to ensure staff fully complete monitoring records for patients identified as being at risk of falls.	2.3	<p>Audits to continue to be undertaken, reported on and actions plans developed and followed up by Ward Sister and Matron</p> <p>Peer audits to be commenced Matrons / Ward Sisters/Charge Nurses to cross audit each other's areas).</p> <p>Increase documentation audits to weekly on ward 10 for the next 3 months.</p> <p>All lessons learned to be shared and cascaded at documented monthly ward meetings commenced March 2017</p> <p>All the above actions will be monitored via POW Quality &amp; Patient Safety Committee.</p>	<p>Ward Sister Matron for Orthopaedics</p> <p>Senior Matron to coordinate</p> <p>Matron for Orthopaedics</p> <p>Senior Matron</p>	<p>Undertaken monthly</p> <p>1<sup>st</sup> May 2017</p> <p>June 2017</p> <p>1<sup>st</sup> May 2017</p> <p>All the above actions will be monitored via POW Quality &amp; Patient</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			Ward Sister to join Princess of Wales delivery unit Falls Group, a Ward Manager will provide monthly updates to her staff.	Ward Sister	Safety Committee.  1 <sup>st</sup> May 2017
18	The health board should make arrangements to ensure patients are consistently offered the opportunity to wash their hands before mealtimes.	2.5	Pack of wet wipes to be issued to each patient on their admission to the ward for this purpose and replenished as required.	Ward Sister to reiterate to all staff on Ward 10 This has been completed verbally, ward sister has been asked to provide written evidence that	Complete  1 <sup>st</sup> April 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
				she has discussed this with her staff by 1 <sup>st</sup> April 2017	
19	The health board is required to provide HIW with an update on the progress of installing a working dishwasher.	2.5	<p>The dishwasher on ward 9/10 is in working order.</p> <p>The main hospital dishwasher has been removed and a replacement is being installed. Infection prevention and control have been fully involved in the actions taken to manage the situation to ensure that used crockery/ cutlery is appropriately cleaned or that disposable crockery is used in the interim. Patients are informed about the reasons for this.</p>	Unit Nurse Director	<p>Complete</p> <p>Timescale for installation the main hospital dishwasher is the end of March 2017 – monitored via Infection Control Meeting</p>
20	The health board is required to make suitable arrangements to satisfy itself that medicines used within clinical areas are being stored safely and as	2.6	Risk highlighted risk at Princess of Wales Environment Group who have been advised that solutions are capital based as the	Hospital Director	Review quarterly via Quality & Patient

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	per manufacturer's instructions.		<p>temperature of the rooms in which medications are stored at ward level are due to environmental factors that we cannot alter at this stage.</p> <p>This remains on the pharmacy/estates department risk register, options to resolve are being explored with Estates.</p>		Safety Committee
20	The health board is required to suitable arrangements to satisfy itself that nursing and medical staff who have responsibility for prescribing and administering medication adhere to the health board's policy for the safe use of medicines.	2.6	<p>All staff on Ward 10 to be reminded of their responsibilities and accountability in relation medicines management.</p> <p>Implementation of disciplinary procedures if non-compliance to policy.</p> <p>This has been completed verbally, ward sister has been asked to provide written evidence that she has discussed this with her staff by 1<sup>st</sup> April 2017</p> <p>Increased vigilance and monitoring throughout the day by Ward Sister,</p>	<p>Ward Sister</p> <p>Ward Sister</p> <p>Ward Sister, Matron and</p>	<p>Complete</p> <p>1<sup>st</sup> April 2017</p> <p>1<sup>st</sup> May</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>Matron and Senior Matron. Increased vigilance and monitoring at night and weekends by the Out of Hours Nurse Practitioners.</p> <p>Engage with pharmacy to remove medicine trolleys and implement use of cupboards and patient locker medicine locked sections.</p>	<p>Senior Matron</p> <p>Out of Hours Nurse Practitioners Ward Sister</p>	<p>2017</p> <p>1<sup>st</sup> May 2017</p>
22	The health board is required to make suitable arrangements to satisfy itself that medical staff who have responsibility for completing thromboprophylaxis risk assessments do so in accordance with the health board's policy.	2.6 and 2.1	<p>Medical Director will raise at surgical and medical clinical audit meetings and at junior medical staff meetings.</p> <p>Medical Director will ask for 3 month audit review of compliance on ward 10.</p>	Medical Director	<p>By 1<sup>st</sup> June 2017</p> <p>Review September 2017</p>
<b>Quality of management and leadership</b>					
-	No improvement plan required.				

**Health Board Representative:**

**Name (print):**        **Debbie Bennion**

**Title:**                **Unit Nurse Director**

**Date:**                **21/03/2017**

**Hospital Inspection: Improvement Plan**

**Hospital: Princess of Wales**

**Ward/ Department: Emergency Department**

**Date of inspection: 17 and 18 January 2017**

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
<b>IMMEDIATE ASSURANCE ACTIONS</b>					
No immediate assurance actions required.					
<b>Quality of the patient experience</b>					
9	The health board is required to make arrangements to ensure patients can wait and be cared for in appropriate areas to promote their privacy, dignity and safety.	4.1 and 2.1	POWH Delivery Unit and Unscheduled Care Board are taking forward established work programme with the objective of improving patient flow in all specialities to relieve crowding within the assessment units.	Unit Director	31 <sup>st</sup> August 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			Schemes include the development of the Surgical Assessment Unit to receive GP admissions directly, therefore bypassing the Emergency Department.		
9	The health board should explore and implement ways to improve the level of privacy for patients booking in at the Emergency Department's reception area.	4.1	Capital development proposal has been completed by Emergency Department team. Discussions ongoing regarding provision of capital funding to modify the reception area to improve visibility and enhance privacy for patients.	Hospital Director	31 <sup>st</sup> August 2017
10	The health board should continue with arrangements to support staff to attend training on the use of sign language and introduce arrangements to further support those patients with additional needs to receive and respond to information.	4.1	Continue to offer training to all staff on the use of sign language and communication with patients with additional needs.  A section has been introduced to the Reception Handbook to assist staff with accessing information and support whilst dealing with patient with additional communication needs.	Service Group Manager – Emergency Care and Hospital Operations	31st May 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
12	The health board is required to provide an update on the schemes to improve patient flow.	5.1	See above	Hospital Director	31 <sup>st</sup> August 2017
<b>Delivery of safe and effective care</b>					
14	The health board is required to review the arrangements to promote the wellbeing of patients waiting in the main waiting and sub waiting areas.	2.1	<p>Capital development proposal has been completed by Emergency Department team. Discussions ongoing regarding provision of capital funding to modify the reception area to improve the visibility of patients in the main waiting room.</p> <p>Patient information regarding escalating concerns has been re-provided within the Sub Waiting area.</p> <p>Roles and Responsibility document will be re-issued to staff. This includes a clear statement that the care of the patients in the Sub</p>	<p>Hospital Director</p> <p>Lead Nurse</p> <p>Lead Nurse</p>	<p>31<sup>st</sup> August 2017</p> <p>10<sup>th</sup> March 2017</p> <p>10<sup>th</sup> March 2017</p>

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
			<p>Waiting area is the responsibility of the nurse in charge.</p> <p>Interviews are being held on the 31<sup>st</sup> March 2017 to appointment additional 2.8 WTE band 3 Emergency Department Assistants. These staff members will assist in the care of patients in Sub Waiting Area.</p> <p>The Capital proposal mentioned above includes a redesign of the Sub Wait area to ensure only minors (low dependency) patients returning from x-ray, use this area.</p>	<p>Lead Nurse</p> <p>Hospital Director</p>	<p>31<sup>st</sup> March 2017</p> <p>31<sup>st</sup> August 2017</p>
15	The health board is required to review the existing arrangements for visitors to access the hospital at night and make suitable arrangements to promote the safety and privacy of patients.	2.1	Princess of Wales Hospital Operations Team to develop alternative proposal for site access during out of hours periods.	Operational Services Manager	31 May 2017
17	The health board should review the frequency of cleaning the toilet	2.4	Checking process is in place. A check sheet with 4 spaces per day is displayed within the toilet.	Hotel Services Manager	10 <sup>th</sup> March 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
	facilities to reduce cross infection and promote patient wellbeing.		There are two housekeeping shifts rostered per day who perform this task.		
19	The health board is required to provide HIW with an update on the progress of installing a working dishwasher.	2.5	This was not an issue for ED. Possibility that this was identified as an issue on ward 10. Main catering dishwasher is being replaced. Work is planned for completion on 1 <sup>st</sup> May 2017	Estates	1 <sup>st</sup> May 2017
22	The health board is required to review the pharmacy support to the Emergency Department and take action as necessary to ensure this is sufficient.	2.6	This will be reviewed jointly by the service manager and pharmacy department	Service Group Manager – Emergency Care and Hospital Operations / Pharmacy Manager	1 <sup>st</sup> June 2017
22	The health board is required to make suitable arrangements to satisfy itself that medical staff who have responsibility for completing thromboprophylaxis risk assessments do so in accordance with the health board's policy.	2.6 and 2.1	Medical Director will raise at surgical and medical clinical audit meetings and at junior medical staff meetings  Medical Director will ask for 3 month audit review of compliance in ED	Medical Director	By 1 <sup>st</sup> June 2017  Review September 2017

Page number	Improvement needed	Standard	Health board action	Responsible officer	Timescale
<b>Quality of management and leadership</b>					
-	No improvement plan required.	-			

**Health Board Representative:**

**Name (print):** Debbie Bennion

**Title:** Unit Nurse Director

**Date:** 21<sup>st</sup> March 2017