

Hospital Inspection (Unannounced)

Glangwili General Hospital

Hywel Dda University Health Board

Cadog Ward & Ceri Ward

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Glangwili General Hospital within Hywel Dda University Health Board on the 5 and 6 March 2019. The following wards were visited during this inspection:

- Cadog Ward (General Medicine, Frailty Care)
- Ceri Ward (General Medicine, Reablement¹ Unit)

Our team, for the inspection comprised of two HIW Inspectors and two clinical peer reviewers. The inspection was led by a HIW inspection manager.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct hospital inspections can be found in Section 5 and on our website.

¹ Reablement is a short and intensive service which is offered to people with disabilities and those who are frail or recovering from an illness or injury

2. Summary of our inspection

Overall, we found evidence that the service provided respectful, dignified, safe and effective care to patients. This included a range of ward based initiatives to enhance the patient experience.

However, we identified that improvements were required to further promote the safe and effective care of patients in accordance with national guidance and the Health and Care Standards.

This is what we found the service did well:

- Patients commented favourably upon the care that they received
- Staff were professional, kind and sensitive when providing care to patients
- Ward based initiatives to encourage patient to mobilise
- Ceri Ward developed individualised care to meet patients' needs.

This is what we recommend the service could improve:

- Individualised detailed care plan documentation on Ceri Ward
- The range of health promotion and wellbeing information displayed on Ceri Ward
- The regularity of cleanliness checks and procedures on Cadog Ward
- The management of medicines and the use of oxygen
- The awareness of the Health and Care Standards amongst staff.

3. What we found

Background of the service

Hywel Dda University Health Board provides healthcare services to a total population of around 384,000, throughout Carmarthenshire (183,936), Ceredigion (79,488) and Pembrokeshire (120,576). It provides Acute, Primary, Community, Mental Health and Learning Disabilities services via General and Community Hospitals, Health Centres, GP's, Dentists, Pharmacists and Optometrists and other sites.

The Glangwili General Hospital in Carmarthen is the largest acute District General Hospital in South West Wales, incorporating 400 beds and providing many inpatient services for patients in Pembrokeshire and Ceredigion, as well as Carmarthenshire. In addition to a range of general specialties, there are visiting Consultants in Paediatric Cardiology, Paediatric Neurology, Paediatric Urology, Genito-Urinary Medicine, Clinical Oncology, Plastic Surgery, Neurosurgery, Mental Illness and Oral Surgery. A £7m state-of-the-art Emergency Unit (EU) opened in March 2007 which includes accommodation suitable for 40,000 patients a year and on the floor above the EU, there is a new Intensive Care and High Dependency Unit.

Cadog Ward is a 19 bed mixed gender general medicine ward with frailty specialty. The ward is adjoined to Dewi Ward which has now closed, however, it is used as a surge ward for extra capacity, when the usual number of funded beds within the hospital are full. Dewi Ward has the capacity for 20 beds and when open, is managed by the Sister and staff on Cadog Ward. During the inspection the number of patients on the surge ward fluctuated up to five. Cadog Ward has a ward manager, deputy ward manager, registered nurses, frailty support workers and health care support workers

Ceri Ward is a 20 bed mixed gender rehabilitation ward, although patients are cared for in same gender bays or single bed side rooms. Ceri Ward has a ward manager responsible for the management of the ward and the nursing teams, which included the deputy ward manager, registered nurses, rehabilitation workers and health care support workers.

Ceri Ward also had a head of therapies and assistant head of therapies positions, supported by therapy technicians. The therapy team provide physiotherapy and occupational therapy services to the patients.

Ceri Ward was opened in October 2018. The majority of nursing staff had previously been working on Dewi Ward (as discussed earlier). Dewi Ward was a general medicine ward prior to closing, and the staffed transferred to Ceri Ward.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

On both wards patients told us that their overall experience was excellent or very good, and they provided mostly positive comments about their experience. Without exception, patients also told us that they had always been treated with dignity and respect.

There was a wide range of patient information on display on Cadog Ward, however, this was lacking on Ceri Ward and requires improvement.

Both wards had developed initiatives to enhance patient experience and encourage mobilisation, the health board should support the wards in developing these and other initiatives further.

During the inspection we distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of 11 were completed. We also spoke with patients during the inspection. Patient comments from both wards included the following:

"Wonderful staff. Always happy and willing to help me."

"All the staff are wonderful"

"Very lovely staff, all of them and the doctors and other staff."

Patients rated the care and treatment provided during their stay in hospital as good to excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment. Patients also agreed that staff provided care when it was needed.

Staying healthy

The hospital was a designated no smoking zone. This also extended to the use of vapour/e-cigarettes. These arrangements complied with Smoke-free Premises Legislation (Wales) 2007. When discussed with staff, they stated that they could refer patients to a smoking cessation service if required, however

there was no information displayed regarding this. The health board should display information advertising the smoking cessation service.

Cadog Ward had a leaflet display area which provided a supply of health promotion and relevant health related and community service information for patients, their families and visitors to read and to take away with them for future reference.

There was also a wide range of information displayed throughout Cadog Ward relevant to the patient group, families and carers. This included Carer's information board (albeit off the main ward), the Butterfly Scheme², Pyjama Paralysis and Get Up, Get Dressed campaign to promote rehabilitation, recovery and mobility in hospital. This is by encouraging patients to change out of their nightwear during the day in order to help maintain dignity, promote independence and assist with their rehabilitation and preparation for safe discharge.

There was also a display on healthy eating advice, nutrition and mouth care. This was located at the ward's hydration/snack station where patients, following a risk assessment, were able to access their own drinks and snacks on the ward, this initiative encourages an on-ward area of rehabilitation and promotes mobilisation.

However, on Ceri Ward there was no patient information displayed on the ward for health promotion or promoting well-being, neither were there leaflets readily available. Therefore, patients on Ceri Ward were not provided with sufficient information on staying healthy.

We spoke with staff members on Ceri Ward who confirmed that they were awaiting display boards to be mounted so that this information could be displayed. However, no specific date was given for this to happen.

There was a positive initiative on Cadog Ward of a reminiscence room, this provided patients with an area that was furnished with traditional and historic

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

homely items which patients could access, and also provided a designated space to allow staff to facilitate structured reminiscence sessions³.

Improvement needed

The health board must ensure that health promotion and wellbeing information is displayed and available on Ceri Ward.

Dignified care

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the hospital staff. All patients agreed that staff were always polite and listened. In addition, these patients told us that staff called them by their preferred name.

Without exception, every patient who completed a HIW questionnaire said that they had been treated with dignity and respect during their time in hospital.

During the course of our inspection we saw many examples of staff being kind and compassionate to patients. We saw staff treating patients with respect, courtesy and politeness at all times. Most comments within the patient questionnaires were positive.

We also saw staff promoting privacy and dignity when helping patients with their personal care. This was achieved by closing dignity curtains around bed areas and closing doors to individual rooms, toilets and shower rooms. It was noted that staff lowered their voices when dealing with patients during personal interventions, whether it be for personal hygiene or a doctor's round.

Continence needs had also been assessed where appropriate, and this was documented within the patient records that we reviewed on Cadog Ward. However, for one patient record on Ceri Ward there was contradictory

³ Reminiscence sessions can be key in helping people, particularly with those who have Dementia, to remember and share their memories. These sessions enable people to communicate and socialise whilst they reflect and share their life experiences in a supportive environment.

information recorded regarding this therefore, it was unclear what continence needs were required for this patient and the support required for personal hygiene.

Shared toilet and washing facilities were designated single gender on both wards and clearly marked as such. It was positive that the signage on the toilets could be easily altered by staff to change the gender allocation to reflect fluctuation in the gender mix of the ward. On both wards (to assist those with dementia), the toilet doors were coloured yellow⁴. This was a good initiative, to assist patients with dementia to locate them.

Patient information

Directions to the wards, particularly Ceri Ward, were not clearly displayed throughout the hospital, and the signage was written in quite small font. This could make it difficult to read for some, particularly those who were visually impaired. On the first day of our inspection, we established that it was not easy to find our way around the hospital. There was also limited signage to direct visitors to the hospital restaurant. The health board should improve the signage around the hospital site to assist patients and visitors.

There were posters on the entrance to the wards identifying visiting times and telephone numbers. As stated earlier in the report, there was a wide range of information displayed on Cadog Ward for patients and visitors, however, similar information was lacking on Ceri Ward and is required to be improved.

Staff on both wards wore uniforms; this assisted in the identification of roles. However, to further assist this it would be beneficial for each ward to display information to explain what profession each of the uniforms denoted.

The majority of patients confirmed in their questionnaires that staff had talked to them about their medical conditions and helped them to understand them. However, four questionnaires returned neither agreed nor disagreed with this, and one patient commented:

“Staff try their best but are always so busy. They don't seem to have enough time in a day.”

⁴ [Yellow helps highlight improvements for dementia patients.](#)

Ensuring that patients are provided with timely information in relation to their future care/treatment and discharge, can allay anxieties and enable expectations to be managed.

Communicating effectively

Overall, patients were positive about their interactions with staff during their time in hospital. The majority of patients who completed a questionnaire told us that they could always speak to staff when they needed to, and they also said they felt that they had been listened to by staff during their stay.

Patients who answered the question around being offered the option to speak to staff in their preferred language, confirmed that they were offered this option. This included patients whose preferred language was English or Welsh. Throughout the two days we observed staff talking with patients in either Welsh or English.

We were told by staff on each ward that ward staff met at set times every day when shift changes took place. This was in order to communicate and discuss patients' needs, plans, relevant risks and any safety issues, and to maintain continuity of care.

Each ward had a Patient Status at a Glance (PSAG) board⁵. The PSAG boards clearly communicated patient safety issues and daily care requirements/plans, as well as support and progress required, regarding discharge arrangements. Such information was used on a daily basis by multidisciplinary teams.

This method of communication was aided with numerous coded magnets and some hand writing but maintaining confidentiality. However, on Cadog Ward the red tray icon magnet to indicate which patients required support at meal time, was not being used on the PSAG board despite being available. This meant that the patients that require support at mealtimes may not be correctly identified by staff. There was also incorrect information displayed stating that

⁵ The Patient Status at a Glance (PSAG) board is used in hospital wards for displaying important patient information such as; the infection risk levels, mobility, admission and discharge flow, occupied number of beds, nursing and medical teams, amongst others.

one of the patients was subject to Deprivation of Liberty Safeguards⁶ (DoLS) which was not the case. Both of these issues were rectified during the inspection. The PSAG board was up to date on Ceri Ward.

Improvement needed

The health board must ensure that Patient Status at a Glance boards are maintained up to date with relevant information to assist staff.

Individual care

Planning care to promote independence

During our inspection we observed patients being cared for by kind and compassionate staff on both wards. Staff were observed assisting patients with their daily routines where appropriate. The wards provided ongoing medical, and rehabilitation care.

It was positive to note that the health board had developed roles to assist the provisions of specialist care on each ward, namely the frailty support workers on Cadog Ward and rehabilitation workers on Ceri Ward.

In addition to nursing and medical staff, members of the multidisciplinary team, such as physiotherapists and occupational therapists were involved in patient care.

There were a number of initiatives established on Cadog Ward that promoted independence, such as the hydration/snack station and the reminiscence room. These are detailed elsewhere within this report.

⁶ The Mental Capacity Act Deprivation of Liberty Safeguards provides a legal framework to protect vulnerable adults, who may become, or are being deprived of their liberty in a care home or hospital setting. These safeguards are for people who lack capacity to decide where they need to reside to receive treatment and/or care and need to be deprived of their liberty, in their best interests, otherwise than under the Mental Health Act 1983 (MCA Code of Practice). The safeguards came into force in Wales and England on the 1st April 2009.

It was positive that on Ceri Ward, staff had started promoting therapeutic mealtimes by encouraging patients to have their meals at a communal table, rather than beside their beds. This initiative was in its infancy but it was spoken about positively by staff and we observed patients to be enjoying this experience. However, at the time of the inspection this was only possible for a few patients at a time due to the available equipment. The health board should support the development of these therapeutic mealtimes by ensuring sufficient equipment and space is available on the ward.

We looked at a sample of patient records on each ward and found evidence on Cadog Ward of attempts to revise generic care plans to reflect the provision of individualised care. The care plans also reflected the emphasis placed by staff on promoting people's independence based on their assessed abilities.

However, the care planning documentation on Ceri Ward did not demonstrate individualised care. These findings and areas of improvement are detailed further in the Delivery of Safe and Effective Care of this report. It was also reported by staff that there were occasional delays in discharge from Ceri Ward due to lack of equipment and other resources for patients to take home. The provision of these resources is essential for Ceri Ward to provide the ethos of reablement.

People's rights

We found that family/carers were able to provide patients with assistance and be involved in their care in accordance with their wishes and preferences.

Discussions with patients and staff revealed that there were set times for visiting. However, we were also informed that in instances when family members needed to travel long distances to the hospital, they were able to visit at any reasonable time.

Listening and learning from feedback

If a patient or relative/carer was not happy and wanted to make a complaint, we found that on Cadog Ward there was information displayed about the NHS

(Wales) Putting Things Right⁷ process. In addition, Putting Things Right leaflets were available. However, on Ceri Ward there was only information displayed on one A4 sized poster which was not as visible as the information displayed on Cadog Ward, particularly if a person had vision difficulties. This meant that patients and their families may not see the information and the process, about how to raise any concerns/complaints they may have.

Improvement needed

The health board must ensure that Putting Things Right information is clearly displayed and available on Ceri Ward.

⁷ Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns within the NHS across Wales.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Both wards were well maintained with equipment, furnishings and fixtures of a good standard. Whilst both wards were generally clean throughout, improvements are required to the regularity of cleanliness checks and procedures on Cadog Ward.

On Cadog Ward, patient records were well organised and contained personalised care documentation. However, improvements in recordkeeping and individualised care are required on Ceri Ward.

Improvements are also required in the management of medicines on Cadog Ward, along with the prescribing and recording of the administering oxygen across both wards.

Safe care

Managing risk and promoting health and safety

Generally we found that both wards were well maintained. We observed that equipment, furnishings and fixtures on the wards were of a good standard.

There systems were in place to report environmental hazards that required attention and repair. We observed this to be the case when we identified an environmental hazard on Cadog Ward within a patient toilet. Prompt action was taken by the ward manager to close off the toilet and the health board's Estates Team rectified this the same day.

We saw that staff made efforts to keep the main corridor and other patient accessible areas free from clutter and other tripping hazards.

Cleaning products were secured within appropriate cupboards to prevent unauthorised access and potential harm.

Senior staff described appropriate arrangements for reporting, recording, investigating and sharing learning from clinical incidents.

For Cadog Ward the majority of staff who completed a questionnaire agreed that the health board encourages them to report errors, near misses or incidents. They also felt that the health board would take action to ensure that they do not happen again, and then treats staff who are involved in an error, near miss or incident fairly. Most staff also told us that they were informed about errors, near misses and incidents that happen in the organisation, and given feedback about changes made in response to such incidents.

The responses from the majority of registered nurses on Ceri Ward reflected that of the views of staff on Cadog Ward. However, the views from other disciplines of the team did not agree with these statements. Therefore, it is unclear on Ceri Ward how well staff (other than registered nurses) felt that they are able and supported to report incidents, nor what feedback these members of staff receive following incidents on the ward or shared learning from other areas.

Improvement needed

The health board must ensure that all staff feel able and supported to report incidents.

The health board must ensure that all staff receive feedback from incidents and shared learning from other areas.

Preventing pressure and tissue damage

We reviewed the care records of eight patients. We found that patients had been assessed for their risk of developing pressure sores. A recognised risk assessment tool had been completed for each patient.

On Cadog Ward within the five sets of patient records written care plans were in place to direct nursing staff as to the care required. We saw records that showed patients with reduced mobility had been assisted to change their position regularly to help prevent them from developing pressure sores.

However, on Ceri Ward for one patient their care record did not contain a personalised care plan to formally direct staff on how to monitor the patient's condition, and care for the individual patient's needs. This meant that there was a risk of the patient developing pressure damage to their skin. Both other sets of patient records reviewed, evidenced appropriate skin assessment, however, these two records also lacked detailed personalised care plans.

On both wards, where required, referrals had been made to the health board's Tissue Viability Nurse (TVN) Service. Whilst it was noted that on occasions

there had been delays in TVN assessment due to staffing issues within the TVN team, ward staff confirmed that the team were supportive and provided support via the telephone prior to attending the ward. These telephone conversations should be documented within patient records.

Improvement needed

The health board must ensure that care plans are in place for preventing pressure and tissue damage when required.

The health board must consider how the required care needs of patients will be met in a timely manner, for those requiring TVN assessment.

Falls prevention

Of the sample of eight patient records we reviewed we saw that all patients had been assessed for their risk of falls. In addition, on Cadog Ward there was clear documentation in place that supported patient mobility, however, this was not the case on Ceri Ward.

On Cadog Ward it was evident that where a patient was at risk of falls there was an up-to-date plan of care tailored to the patient which was being implemented and evaluated.

An area of noteworthy practice was observed on Ceri Ward, that above each patient's bed, there was a clear display of the mobility support that the individual patient required, and this provided an easy reference point for staff. However, for one patient identified as at risk of falls, there was lack of clear documentation in place for this patient, staff were reliant on the PSAG board for communication.

From speaking with staff on Ceri Ward, there was a clear ward ethos to support patients to mobilise around the ward following individualised assessments, and using the required support within their discharge plan, in preparation for discharge home from hospital. However, incident reporting data evidence that patient falls on Ceri Ward was a common occurrence. Therefore, it is vital that patient fall prevention documentation is in place, and is clear and up-to-date, to minimise the risks of falls for the patient group.

Improvement needed

The health board must ensure that care plans are in place for preventing falls when required.

Infection prevention and control

Overall, we saw that both wards were mainly clean and free of clutter to promote effective cleaning. On both wards there were individual bedrooms available to care for patients who required isolation to minimise the risk of cross infection.

Hand washing and drying facilities were available throughout the wards, together with hand sanitising gel. Effective hand hygiene is essential to help prevent cross infection.

To maintain good infection prevention and control, staff on both wards adhered to the Bare Below the Elbow (BBE)⁸ policy, this was assisted by the staff uniform.

Personal Protective Equipment (PPE) such as; disposable aprons and gloves, was available, and was being used appropriately to maintain effective infection prevention and control.

Appropriate facilities were in place for the safe disposal of clinical waste, including medical sharps such as needles.

Within the sample of patients' care records we reviewed on both wards, we saw that a sepsis⁹ screening tool¹⁰ was available within the All Wales National Early

⁸ The BBE policy enforces that all staff including the clinical and administrative teams, should not wear any clothing or jewellery (apart from a plain wedding band), below the elbow on to the ward, and particularly when in contact with patients.

⁹ Sepsis is a serious complication of an infection. Without quick treatment, sepsis can be life threatening.

Warning Score (NEWS)¹¹ (patient vital observation charts). This aims to identify patients who may be developing sepsis, to ensure that prompt medical review and treatment could be commenced.

Both wards had cleaning schedules in place. Whilst we saw that these were completed fully on Ceri Ward. Not all housekeeping staff on Cadog Ward were aware of the checklists that were in place, and there were omissions within checklists. This included the visitor and staff toilet checklist and the sluice room checklists. In addition, the checklists did not include the full date, so it was not clear to which time period they related to.

During the first day of the inspection, we observed a large quantity of talcum powder remaining on the floor of a shower area for a number of hours. This was eventually cleared up, but should have been addressed promptly. This is because there was a risk that a patient could slip on the powder, and also an increased the risk of cross infection, from one area to another.

There were also multi-use toiletries left within a shower room on Cadog Ward. These could have been used by multiple patients, thus increasing the risk of cross-contamination of infections and should not be ward practice.

During our tour of the environment on Cadog Ward, we observed faeces remaining on a toilet seat raiser, this was addressed as soon as we discussed it with a staff member. Whilst this can easily occur when patients access toilet facilities independently, similar instances were raised by a patient within their questionnaire.

Despite this single patient comment, all patients who completed a questionnaire felt that their wards were clean and tidy.

¹⁰ [Sepsis Screening Tool](#)

¹¹ [National Early Warning Score \(NEWS\) charts.](#)

Improvement needed

The health board must ensure that shower areas are clean following use and that toiletries are not left in the shower rooms for sharing by multiple patients.

Nutrition and hydration

There was a process in place requiring staff to complete nutritional risk assessments for patients within 24 hours of admission. All records we reviewed evidenced that this had occurred.

Food and fluid charts were in place where required, these were completed accurately on Cadog Ward to ensure that oral intake was monitored to maintain adequate hydration and nutrition. However, for the records we reviewed on Ceri Ward, these were not routinely completed.

On Cadog Ward where a patient had been identified as requiring an individualised nutritional care plan, these were in place. However, this was not the case for the one patient identified on Ceri Ward.

As stated earlier in the report the Red Tray System was in place that identifies patients that require help with eating, and we saw staff providing assistance during meal times.

As stated earlier we noted a positive initiative on Ceri Ward where patients that were encouraged to eat their meal at a communal table within a patient bay area. This promoted patient to mobilise on the ward and allow for staff to monitor independence and rehabilitation.

We saw that water jugs and cups were placed on bedside tables and within easy reach of patients. As stated earlier in the report, there was a positive initiative of the hydration/snack station on Cadog Ward. The health board should consider developing this initiative on other wards.

The majority of patients who completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible.

During our inspection, we saw that meals looked appetising. We saw that a varied menu was available, and ward staff confirmed that patients who required therapeutic diets were catered for. However, due to a hospital supply issue soup become unavailable at short notice on both days of our inspection.

Given this situation, ward staff were unclear as to what alternatives were available for patients, this was of particular concern for patients on soft or liquid diets. Staff were unable to provide assurance that suitable dietary provision would be available to those patients that were due to receive soup. The health board should review this situation and ensure that staff are aware of what actions to take to provide patients with appropriate alternative meals, when appropriate.

Improvement needed

The health board must ensure that food and fluid charts are accurately completed.

The health board must ensure that care plans are in place for nutrition and hydration when required.

The health board must ensure that that staff are aware of what actions to take to provide patients with appropriate alternative meals if there are catering difficulties.

Medicines management

We considered the arrangements on each ward for medicines management. For this we inspected the areas that staff stored medication and also the preparation of medication at ward level and the prescription and administration process.

The All Wales Drug Charts on each ward were completed correctly. They were consistently signed and dated when medication was prescribed and administered. The patient names were recorded throughout and it was clear in what had been administered. In addition, if prescribed medication was not administered, a reason was clearly recorded.

However, where oxygen was required regularly for patients, this was not prescribed, neither was the administration of oxygen monitored and recorded on the All Wales Drugs Chart. The National Institute for Health and Care Excellence (NICE) guidelines state that oxygen should be regarded as a drug, and should be prescribed unless in an emergency situation such as, patient resuscitation.

On both wards, there was evidence that there were regular temperature checks of the medication fridges and ambient room temperature of treatment rooms, to ensure that medication was stored at the manufacturer's advised temperature.

On Ceri Ward, the treatment room was secured, and medication was stored securely within cupboards, medication fridges and medication trolleys that were all locked. However, on Cadog Ward, two medication cupboards were unable to be locked, and other medication cupboards were left unlocked. Despite the treatment room door being secured with a key code lock, the code was visible on the ward therefore, the treatment room and medication cupboards were not appropriately secured.

For both wards there were suitable arrangements for the storage and use of Controlled Drugs and Drugs Liable to Misuse, these were accurately accounted for and checked regularly.

Improvement needed

The health board must ensure that the clinic room and medication cupboards are secured on Cadog Ward.

The health board must ensure that oxygen is accurately prescribed and a record of administration maintained on the All Wales Drugs Chart.

Safeguarding children and adults at risk

The health board had a policy and procedures in place to promote and protect the welfare of children and adults who were vulnerable or at risk. Training for safeguarding children and adults was mandatory, and there were adequate processes in place to ensure staff completed training and training updates.

Senior staff demonstrated a good understanding of the safeguarding procedures. They confirmed that advice and support was available to staff from a designated safeguarding team.

19 of the 20 staff members who completed this section of the questionnaire said that if they were concerned about unsafe clinical practice, they would know how to report it.

The majority of staff members who completed a questionnaire, also told us that they would feel secure raising concerns about unsafe clinical practice, and felt confident that their organisation would address their concerns once reported.

However, whilst this was nine of the ten staff on Cadog Ward it was only five of the ten staff on Ceri Ward.

Given the questionnaire response by staff on Ceri Ward regarding safeguarding and reporting incidents, the health board must consider how to improve staff's understanding and confidence in reporting any concerns in respect to these areas.

There were processes in place to complete a mental capacity assessment¹² for patients under the Mental Capacity Act 2005¹³. If it is identified that a patient lacks capacity, then staff are required to complete a DoLS application and make a referral to the independent mental capacity advocate (IMCA)¹⁴.

On Cadog Ward there were clear records of this within the relevant patient's notes. However, as stated earlier in the report, the PSAG board was not correctly reflecting the DoLS status for open patient.

On Ceri Ward, for the relevant patient that had required a DoLS assessment, the associated paperwork was not readily available within the patient's notes. When questioned, staff members were able to eventually locate the documentation however there was no care plan in place that to reflect that the patient was subject to DoLS.

¹² [Mental Capacity Assessment](#) - The Mental Capacity Act states that a person lacks capacity if they are unable to make a specific decision, at a specific time, because of an impairment of, or disturbance, in the functioning of mind or brain. An assessment is required to determine this.

¹³ [Mental Capacity Act 2005](#) - The Mental Capacity Act 2005 is an Act of the Parliament of the United Kingdom applying to England and Wales. Its primary purpose is to provide a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

¹⁴ The local authority, or the NHS decision maker must make a referral if a patient is un-befriended (has no 'appropriate' family and friends who can be consulted), and has been assessed as lacking the capacity to make a decision about: Serious medical treatments, Long-term moves (more than 28 days in hospital or more than 8 weeks in a care home) and Deprivation of Liberty Safeguards (DoLS).

Improvement needed

The health board must ensure that all staff feel confident and supported to report safeguarding concerns.

Medical devices, equipment and diagnostic systems

We saw that the wards had a range of equipment such as, emergency equipment, patient monitoring equipment and moving and handling equipment. These all appeared visibly clean and well maintained.

We considered the arrangements for the checking of resuscitation equipment on both wards. Records had been maintained regularly for equipment checks by staff. This evidenced that the resuscitation trolley had been checked regularly and the resuscitation trolley was sufficiently stocked and safe to use in the event of a patient emergency (such as collapse).

Effective care

Safe and clinically effective care

We saw that patients on each ward appeared comfortable and well cared for. Whilst there was evidence that patients on Cadog Ward were receiving individual patient care, this was not the case on Ceri Ward, where patient clinical information was poorly completed and poorly organised.

On Cadog Ward, in addition to our findings in relation to preventing pressure and tissue damage and nutrition and hydration, written assessments in relation to patient's pain had always been completed within the patient care records that we reviewed.

There was evidence that pain was being assessed, relieved with medication and evaluated. There were pain assessment tools in place to support this. Patients also had up to date pain scores. In addition, pain was being managed with suitable analgesia, and was administered as prescribed on a regular basis.

However, on Ceri Ward there was poor documentation of pain management in two of the three patient records reviewed.

Improvement needed

The health board must ensure that pain is assessed and managed by an appropriately trained member of staff, and that records are accurately completed.

Information governance and communications technology

There was a system in place which aimed to ensure patient data was effectively and safely stored.

Electronic records were password protected and paper patient case notes were stored in a designated notes trolley and they were lockable; both these systems helped prevent inappropriate or unauthorised access to the notes.

From our observations on both wards, staff ensured that these notes trollies were locked when unattended and therefore, they prevented the risk of breaching patient confidentiality and inappropriate and unauthorised access to patient data.

Record keeping

We reviewed five sets of patient records on Cadog Ward and found these to be well organised, and contained the expected range of clinical information that was completed to a satisfactory standard. Handwriting was legible and entries were signed and dated. However, it was not common practice by all doctors to include their General Medical Council (GMC) registration number and their bleep (contact) number.

On Ceri Ward one of the three sets of patient records reviewed was much disorganised which meant that ourselves and ward staff had great difficulty in locating the required care documentation. In all three sets of records, whilst there were some standardised assessments and monitoring documentation in place, these were not routinely completed staff members. This means we were not assured that all required aspects of care were being fulfilled on Ceri Ward.

Improvement needed

The health board must ensure that all doctors include their GMC registration number and their bleep number with their entries in to patient records.

The health board must ensure that all patient records are organised systematically.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Health and Care Standards.

Senior medical and nursing staff were visible during our inspection and staff were striving to deliver a good quality, safe and effective care to patients within busy wards.

Staff on Cadog Ward were generally positive regarding senior management. However, the perception on Ceri Ward was that there was disconnect between ward staff and the senior managers.

Both wards had established teams of nursing staff that demonstrated collaborative team working. However, the vacant therapy posts on Ceri Ward must be recruited to, so that the ethos of the reablement ward can be developed further.

Governance, leadership and accountability

During our inspection, we invited staff working on both wards to provide their comments on topics related to their work. This was done mainly through a HIW questionnaire but we also spoke with a number of staff working on the days of our inspection. In total, we received 20 completed questionnaires across the two wards. These were received from staff undertaking a range of roles on the wards. Staff completing the questionnaires had worked on the units ranging from a few months to over 10 years.

A management structure was in place and senior staff described clear lines of reporting to the wider health board management team. Roles, responsibilities and lines of accountability were also described.

On Cadog Ward, a full time ward manager was in post, and they were responsible for the management of the ward and the staff working within it. Staff were asked within the questionnaire about their immediate manager, and

the feedback received was positive. One staff member provided the following comment:

“Very happy with manager's constant support”

All staff who completed a HIW questionnaire told us that their manager encourages team working. All but two staff stated that they always received clear feedback on their work, with the other responses positively stating usually and sometimes.

On Ceri Ward there was a defined structure of nursing and therapy staff as a designated reablement ward. There was a full time nursing ward manager in post who was responsible for the management of the ward, the deputy ward manager and the nursing team on the ward. Prior to opening of Ceri Ward the majority of nursing staff had previously worked on Dewi Ward¹⁵.

There was also a head of therapies and assistant head of therapies positions, at the time of the inspection these were in the process of being recruited to and covered by locum therapy staff. These were supported by two part time therapy technicians, working 1.27 full time equivalent (FTE).

Staff on Ceri Ward were asked within the questionnaire about their immediate manager, and the feedback received was positive. One staff member provided the following comment:

“My ward manager is very supportive and encourages me with my work all the time”

Seven of the staff who completed a questionnaire told us that their manager encourages team working, with the remaining three staff members stating this is usually the case. All but two staff stated that they always or usually received clear feedback on their work, with the other responses stating that this occurred sometimes.

The responses in the staff questionnaires confirmed our observations of both ward teams. Both teams of staff demonstrated strong team working and

¹⁵ Dewi Ward was a general medicine ward within the hospital.

commitment to patient care through their interactions with patients and each other.

Staff members on both wards that completed a questionnaire reported that they knew who the senior managers were in the organisation.

On Cadog Ward the majority of staff stated that that there was always or usually effective communication between senior management and staff, and that senior managers try to involve staff in important decisions.

However, on Ceri Ward six of the staff stated that there was only sometimes effective communication between senior management and staff, with the remaining stating it was usual or always effective. Whilst one member of staff felt that senior managers usually try to involve staff in important decisions, eight staff felt that this only happens sometimes and one staff member felt that this never occurred.

So whilst staff on Cadog Ward were generally positive regarding senior management, the perception on Ceri Ward was that there was more of a disconnect between ward staff and the senior managers of the health board, particularly with regards to important decision about their work.

On Cadog Ward, staff members who completed a questionnaire felt that on the whole, senior managers were committed to patient care. This was rated lower on Ceri Ward with the majority of responses stating that they felt that only sometimes senior managers were committed to patients care.

Only seven out of the sixteen responses to our question asking if they had been made aware of the revised Health and Care Standards that were introduced in April 2015, stated yes. Therefore, staff were not clear on these standards and the health board need to review how to raise awareness amongst ward staff on both wards.

Arrangements were described for reporting audit findings and monitoring improvement plans as part of the health board's governance arrangements. There were weekly Scrutiny Meetings which were attended by senior managers and ward managers, as well as being open to other staff members to attend. Each meeting would focus on a specific topic such as preventing patient falls, pressure and tissue damage, and medicine management. This provided staff with the opportunity to analyse statistics and trends, review individual case, learn from past incidents and share learning amongst colleagues.

However, whilst there was audit and analysis of trends, our findings in relation to nursing care and record completion, particularly on Ceri Ward, identifies the

need for more robust ward based audit of clinical records. This is to ensure that individualised care documentation is in place and up to date for each patient.

All staff who completed a questionnaire, stated that when they had witnessed an error, near miss or incident that could have harmed patients or staff confirmed that the incident had been reported. However, given the responses to our staff questionnaire on Ceri Ward in relation to incidents and safeguarding patients detailed earlier, the health board (as stated earlier) must ensure staff are supported to report any incidents or safeguarding concerns.

It was positive that throughout the inspection, the staff were receptive to our views, findings and recommendations.

Improvement needed

The health board must consider options to improve the communication between senior management and ward staff.

The health board must ensure that all staff are aware of the Health and Care Standards.

Staff and resources

Workforce

We observed staff undertaking their duties in a compassionate and diligent manner. Staff morale was reported to be high, and we observed staff that were committed to providing a high standard of care.

All staff on Cadog Ward indicated in the questionnaires that they had undertaken a wide range of training, or learning and development, in areas such as health & safety, Fire Safety, Infection Control, Mental Capacity Act, Dementia or Delirium and in privacy and dignity of older people, the majority of this had been completed within the last 12 months.

On Ceri Ward all staff indicated in the questionnaires that they had undertaken training, or learning and development, in health & safety, Fire Safety, and Infection Control, with the majority of this being completed within the last 12 months. However, not all staff indicated that they had completed training in Mental Capacity Act, Dementia or Delirium and in privacy and dignity of older people. These are significant areas that the health board should ensure all staff are aware of and have received training for.

It was positive to note that across both wards, staff were supported to complete additional training in relation to their work, this included venepuncture, blood product transfusion, diabetes, glucose monitoring, frailty, and conflict management.

It was evident from our discussions with staff and responses to questionnaires, that staff were supported to complete training. We also reviewed the health board's training statistics for both wards. Whilst it was acknowledged that completion rates were low for some members of staff on both wards, senior managers provided assurance on how they were supporting staff to complete their required mandatory training.

Most staff that completed a questionnaire told us that they had an appraisal, of their work in the last 12 months. Senior managers provided assurance that any outstanding appraisals were due to be completed imminently.

Both wards had student nurse placements and they spoke positively about their time on the wards.

Staff were asked in the questionnaires whether they agreed or disagreed that in general, their job was good for their health. On Cadog Ward seven out of eight responses agreed with this statement and all responses agreed that their immediate line manager takes a positive interest in the staff member's health and wellbeing.

All bar one response from Cadog Ward agreed that their immediate line manager takes a positive interest in the staff member's health and well-being. However, only three out of ten responses agreed that in general, their job was good for their health. The following comment was included:

“Staffing and resources have a negative impact which itself is not addressed in core areas making staff feel stretched.”

At the time of the inspection Ceri Ward had 2.24 FTE registered nurse vacancies, and we were informed that these were covered by block booked agency nurses. There was also the head of therapies and assistant head of therapies positions being recruited to and covered by locum staff. Whilst staff spoke positively about staff in these positions, the vacancies had impacted upon the continuity and development of the ward, since being set up in October 2018.

It was evident that staff on both wards were committed to provide a high standard of care. However, it is evident from our inspection findings that the health board needs to ensure that staff on Ceri Ward are supported with

sufficient resources to embed ward practices, so that staff can fulfil their clinical responsibilities and develop the function of the ward further, for the benefit of patients.

Improvement needed

The health board must ensure that all staff complete their mandatory training.

The health board must ensure that all staff complete their annual appraisal.

The health board need to ensure that Ceri Ward is sufficiently resourced to develop the reablement function of the ward.

4. What next?

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 when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect hospitals

We have a variety of approaches available to us when we inspect NHS hospitals, including:

- In-depth single ward inspection: we undertake a thorough and detailed review of one ward
- Multi ward inspection: we visit a number of wards and departments within one hospital site to identify issues or themes which may apply to the whole hospital
- Multi hospital inspection: we visit a number of hospitals within the same health board to assess the governance and delivery of whole services.

Hospital inspections are usually unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how hospitals are meeting the [Health and Care Standards 2015](#). We consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within hospitals.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection	Not applicable	Not applicable	Not applicable

Appendix B – Immediate improvement plan

Hospital: Glangwili Hospital
Wards: Cadog Ward & Ceri Ward
Date of inspection: 5 & 6 March 2019

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

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues	Not applicable	Not applicable	Not applicable	Not applicable

Appendix C – Improvement plan

Hospital: Glangwili Hospital
Wards: Cadog Ward & Ceri Ward
Date of inspection: 5 & 6 March 2019

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.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must ensure that health promotion and wellbeing information is displayed and available on Ceri Ward	1.1 Health promotion, protection and improvement	Ensure delivery of appropriate noticeboards to Ceri Ward.	Ward Manager	30/07/19
		Replicate Cadog ward information display within Ceri ward.	Ward Manager	30/07/19
		Scope additional information required relevant to reablement and monitor compliance of information available through spot check audits.	Ward Manager	30/10/19
The health board must ensure that Patient Status at a Glance boards are maintained up to date with relevant information to assist staff.	3.2 Communicatin g effectively	Review current information displayed within the Patient at a Glance Board against the agreed standard.	Senior Nurse Manager	30/07/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Remind staff of the need for timely updating of information contained within boards.	Ward Manager	30/07/19
		Introduce daily checks of the Patient at a Glance Board to ensure up to date information is displayed.	Ward Manager	30/07/19
The health board must ensure that Putting Things Right information is clearly displayed and available on Ceri Ward.	6.3 Listening and Learning from feedback	Introduce the Putting Things Right information within the displays on Ceri ward.	Ward Manager	30/07/19
		Monitor compliance of information availability through spot checks.	Ward Manager	30//10/19
Delivery of safe and effective care				
The health board must ensure that all staff feel able and supported to report incidents.	2.1 Managing risk and promoting health and safety	Share HIW report and findings in relation to incident reporting to staff groups other than Nursing through designated leads for discussion in their department meetings.	Head of Nursing	30/09/19
		To review provision of incident reporting training on site with all staff groups through the support of the Assurance, Safety and Improvement (ASI) team.	Head of Nursing	30/07/19
The health board must ensure that all staff receive feedback from incidents and shared	2.1 Managing risk and promoting	Introduce a robust feedback system to all staff reporting incidents on outcome of review.	Senior Nurse Manager	30/07/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
learning from other areas.	health and safety	Ensure timely ward meetings are held with agenda to reflect shared learning from other areas.	Ward Manager	30/07/19
The health board must ensure that care plans are in place for preventing pressure and tissue damage when required.	2.2 Preventing pressure and tissue damage	To provide training on the use of individualised care plans on Ceri ward to prevent pressure and tissue damage.	Senior Nurse Manager	30/07/19
The health board must consider how the required care needs of patients will be met in a timely manner, for those requiring TVN assessment.	2.2 Preventing pressure and tissue damage	To review the current referral process for TVN assessment.	Head of Nursing	30/07/19
		To communicate referral process to nursing staff to ensure all are aware of the process and actions required.	Senior Nurse Manager	30/08/19
		To develop a robust system of recording TVN telephone advice within patient care plans.	Senior Nurse Manager	30/09/19
The health board must ensure that care plans are in place for preventing falls when required.	2.3 Falls Prevention	To provide training on the use of individualised care plans on Ceri ward to prevent falls.	Senior Nurse Manager	30/07/19
		Monitor compliance through spot check audit following completion of training and ensure that appropriate improvement action is undertaken.	Senior Nurse Manager	31/08/19
The health board must ensure that shower	2.4 Infection	Spot check audits to be undertaken by	Ward Manager	30/07/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
areas are cleaned following use and that toiletries are not left in the shower rooms for sharing by multiple patients.	Prevention and Control (IPC) and Decontamination	ward staff to ensure shower areas are clean on Cadog ward, including removal of toiletries, and included within ward cleaning schedule. Introduce posters to advise patients using facilities without nursing assistance of the need to inform nursing or hotel services staff if any item has been spilt in the shower / toilet areas.	Senior Nurse Manager	30/08/19
The health board must ensure that food and fluid charts are accurately completed.	2.5 Nutrition and Hydration	To review current practice on Ceri ward in the completion of fluid and food charts and introduce training as required. Monitor compliance through spot check audit following completion of training and ensure that appropriate improvement action is undertaken.	Ward Manager Ward Manager	30/07/19 30/10/19
The health board must ensure that care plans are in place for nutrition and hydration when required.	2.5 Nutrition and Hydration	To provide training on the use of individualised care plans on Ceri ward for hydration and nutrition. Monitor compliance through spot check audit following completion of training and ensure that appropriate	Senior Nurse Manager Ward Manager	30/07/19 30/10/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		improvement action is undertaken.		
The health board must ensure that that staff are aware of what actions to take to provide patients with appropriate alternative meals if there are catering difficulties.	2.5 Nutrition and Hydration	To identify a process for staff to be able to follow to support patients with appropriate alternative meals at times of catering difficulties.	Head of Nursing	30/07/19
		Awareness training to be held on each ward area to ensure staff understand the process and their responsibilities.	Senior Nurse Manager	30/10/19
The health board must ensure that the clinic room and medication cupboards are secured on Cadog Ward.	2.6 Medicines Management	Keypad lock to be changed for a new code.	Ward Manager	Complete
		Regular checks of medicine cupboards to be undertaken to ensure kept locked.	Ward Manager	30/07/19
The health board must ensure that oxygen is accurately prescribed and a record of administration maintained on the All Wales Drugs Chart.	2.6 Medicines Management	Clinical Directors to discuss the need for improved prescribing of oxygen with medical staffing.	Clinical Directors	30/10/19
		To provide training for ward staff on the use of oxygen therapy and prescribing.	Senior Nurse Manager	30/10/19
		To monitor medication chart for compliance with oxygen prescribing through audit.	Ward Manager/ Head of Medicines	30/10/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
			Management	
The health board must ensure that all staff feel confident and supported to report safeguarding concerns.	2.7 Safeguarding children and adults at risk	To arrange workshop for all staff on safeguard reporting and addressing concerns. To review current mandatory training for both Cadog and Ceri ward in relation to Safeguard training. To provide action plan to achieve safeguarding training for all staff. Share HIW report and findings in relation to safeguarding concerns to staff groups other than Nursing through designated leads for discussion in their department meetings.	Senior Nurse Manager Ward Manager Ward Manager Head of Nursing	30/10/19 30/07/19 30/07/19 30/09/19
The health board must ensure that pain is assessed and managed by an appropriately trained member of staff, and that records are accurately completed.	3.1 Safe and Clinically Effective care	To provide training on pain assessment, management and evaluation on Ceri ward. To monitor compliance with pain management through spot check audit and ensure that appropriate improvement action is undertaken.	Senior Nurse Manager Ward Manager	30/10/19 30/11/19
The health board must ensure that all doctors include their GMC registration number and their	3.5 Record keeping	Clinical Directors to discuss the need for improved documentation with medical	Clinical Directors	30/10/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
bleep number with their entries in to patient records.		staff. To monitor compliance through spot check audit and ensure that appropriate improvement action is undertaken.	Ward Manager	30/11/19
The health board must ensure that all patient records are organised systematically.	3.5 Record keeping	To share report findings on poor filing of patient records with all Ward Clerks. All staff to be reminded of the need to ensure patient records are filed appropriately and securely. To review current system of filing within Ceri Ward. To monitor compliance with spot check audits of patient notes records and ensure that appropriate improvement action is undertaken.	Head of Nursing Senior Nurse Manager Senior Nurse Manager Ward Manager	30/08/19 30/08/19 30/10/19 30/11/19
Quality of management and leadership				
The health board must consider options to improve the communication between senior management and ward staff.	Governance, Leadership and	To ensure daily contact between Senior Nurse Manager and the ward team established on Ceri Ward.	Senior Nurse Manager	30/07/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Accountability	To establish quarterly drop in sessions with Triumvirate Team, led by Head of Nursing, for all staff to attend.	Head of Nursing	30/07/19
The health board must ensure that all staff are aware of the Health and Care Standards.	Governance, Leadership and Accountability	All ward managers to ensure Health and Care Standards are discussed at their ward meetings.	Ward Manager	30/07/19
		All Senior Nurse Managers to ensure future agendas of meetings are structured to demonstrate the Health and Care Standards.	Senior Nurse Manager	30/07/19
The health board must ensure that all staff complete their mandatory training.	7.1 Workforce	Compliance to be shared with ward teams following Directorate monthly budget and management meetings.	Senior Nurse Manager	30/07/19
		Ward Managers to ensure action plan for achieving compliance is monitored in Senior Nurse 1 to 1 meetings.	Ward Manager	30/07/19
		Provision of additional support by increasing access to IT support to achieve e-learning mandatory training.	Senior Nurse Manager	30/09/19
The health board must ensure that all staff complete their annual appraisal.	7.1 Workforce	Compliance to be shared with ward teams following Directorate monthly Budget & management meetings.	Senior Nurse Manager	30/07/19

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Ward Managers to ensure action plan for achieving compliance is monitored in Senior Nurse 1 to 1 meetings.	Ward Manager	30/07/19
		Provision of additional support to Ward Manager and deputy to protect time with staff to complete appraisal if challenges occur.	Senior Nurse Manager	30/09/19
The health board need to ensure that Ceri Ward is sufficiently resourced to develop the reablement function of the ward.	7.1 Workforce	Fortnightly Task and Finish Group to report to Directorate Governance meeting on compliance with resources for reablement function of Ceri ward.	General Manager	30/07/19
		Delays to be identified, risk assessed and included within the service/directorate Risk Register as appropriate.	Head of Nursing	30/08/19

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): Bethan Lewis
Job role: Head of Nursing
Date: 30 April 2019