

## **Dignity and Essential Care Inspection (Unannounced)**

Betsi Cadwaladr University  
Health Board:

Ysbyty Glan Clwyd  
Ward 19a (Gynaecology  
and Breast Care)

30 and 31 January 2015

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

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1.	Introduction .....	3
2.	Methodology.....	3
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	7
	Quality of the Patient Experience .....	7
	Delivery of the Fundamentals of Care .....	8
	Quality of Staffing, Management and Leadership.....	15
	Delivery of a Safe and Effective Service.....	21
6.	Next Steps .....	25
	Appendix A.....	26

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care inspection in Ward 19a (Gynaecology) at Glan Clwyd Hospital, part of Betsi Cadwaladr University Health Board on Friday 30<sup>th</sup> and Saturday 31<sup>st</sup> January 2015.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service

## 2. Methodology

HIW's dignity and essential care inspections review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

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

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

### 3. Context

Betsi Cadwaladr University Health Board (BCUHB) is currently the largest health organisation in Wales, providing a range of primary, community, mental health and acute hospital services. It serves a population of around 676,000 people across the six counties of North Wales, namely Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham, as well as some parts of mid Wales, Cheshire and Shropshire.

BCUHB is responsible for the operation of three district general hospitals: Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital. There are also 18 other acute and community hospitals across North Wales.

Glan Clwyd Hospital is the district general hospital for the central area of North Wales. It was built in 1980 and is situated in Bodelwyddan, near Rhyl. The hospital serves a population of approximately 195,000. The acute hospital service has a total of approximately 550 beds and provides a wide range of inpatient and outpatient services for adults and children.

Ward 19a (gynaecology and breast care) had 12 inpatient beds, eight of which were designated for women receiving obstetrics or gynaecology treatment and up to four beds for women receiving breast care treatment. Ward 19a also runs outpatient services, from a separate day unit, for colposcopy, hysteroscopy, pre operative assessment, urogynaecology and early pregnancy assessment.

HIW's inspection focussed on the inpatient services on this occasion.

*Note that on Tuesday 10<sup>th</sup> February 2015, the health board approved the temporary transfer (12-18 months) of gynaecology inpatient services to Wrexham and Bangor. Ward 19a will therefore become a breast care ward for this period. However we would advise the health board to apply the recommendations made in this report when implementing the service change/provision on Ward 19a.*

## 4. Summary

### Patient Experience

All the patients we spoke with and who responded to HIW's questionnaire spoke highly about the staff and about the care and treatment they received on Ward 19.

### Delivery of the Fundamentals of Care

From discussions with patients and our general observations we found that every effort was made to protect patients' privacy and dignity. Patients confirmed that staff had explained and helped them to understand their medical conditions.

Some of the leaflets displayed on the ward related to the previous NHS trust and were therefore out of date. We have recommended that the health board provides up to date written information for patients and visitors.

Ward 19a used to be on the opposite side of the corridor and was moved to its present location in September 2014, resulting in the loss of a day room. We saw that the loss of this facility was significant for patients and we have therefore advised the health board to make this provision available again.

The opportunities for patients to engage in activities were very limited and we advised the health board to consider how this area could be improved. Overall, patients were satisfied with the choice and quality of meals. All of the patients we saw were independent with their personal care needs. Therefore we did not inspect patients' personal hygiene, toilet needs and oral health in depth on this occasion.

### Quality of Staffing, Management and Leadership

Staff told us that the staffing levels on Ward 19a were generally sufficient to meet patients' needs. However staff told us that on some occasions they did not have the full complement of healthcare assistants required due to regular staff members' leave arrangements. We have therefore advised that staffing availability during these absences is reviewed.

Staff told us that they were supported by the ward sister and junior ward sister. However there was no senior cover at evenings and weekends and some of the remaining staff members did not always feel adequately supported. We have therefore advised that the health board should review the availability of senior cover during these times.

Although verbal communication between staff was good there were serious shortfalls in relation to patients' records, assessments and care plans. There was no clear pathway present to monitor the patients' journey from their admission, care and treatment through to discharge planning. We could not therefore be confident that patients were always receiving the necessary treatment in a timely way. Potentially this could pose a risk to patient safety and HIW therefore issued an immediate action and improvement plan to the health board. The health board has since provided HIW with written information, which provides sufficient assurance, confirming that immediate action was taken to address and improve their overall record keeping, records management and security.

Information regarding staff training, to clarify what training had been completed by each staff member and any refresher due dates, could not easily be extracted from the computer system. We have consequently recommended that the health board's system for monitoring training attendance and compliance is improved and that HIW is provided with a copy of the training matrix by March 2015. We have also advised the health board to consider other regular training or awareness sessions for staff in accordance with patients' needs and wide age range on this ward.

#### *Delivery of a Safe and Effective Service*

We saw that regular quality assurance and fundamental of care audits were being undertaken and some of the results were displayed on a noticeboard on the ward. The health board will need to examine whether the scores reflect the number of patients seen on ward 19a; otherwise the overall scores may not be truly representative of the actual findings.

Staff could access the health board's policies and procedures online but we have recommended that some of these be more readily available to staff.

Medication was being administered in accordance with good practice guidelines. However some of the patients' medication was not being stored safely and we found that the controlled drugs book had not always been countersigned as required. HIW issued an immediate assurance letter and improvement plan to the health board in relation to this issue. Since then the health board has provided HIW with written confirmation, which provides us with sufficient assurance, of the actions taken to address these isolated incidents and to prevent any reoccurrences.

## 5. Findings

### *Quality of the Patient Experience*

**All the patients we spoke with and who responded to HIW's questionnaire spoke highly about the staff and about the care and treatment they received on Ward 19.**

On the first day of our inspection there were 11 inpatients on the ward. Ten patients were well enough to be seen and we spoke informally with all of them. Eight of these patients also responded to HIW's questionnaire, which asked them about their views of the ward area, hospital staff and the general care received. Overall patients were very satisfied with all these areas and six patients rated the care and treatment received as ten out of ten, one patient rated this as nine and one patient gave a score of eight out of ten. All of the patients agreed that we could use their comments in HIW's report; all of these were positive and we have included some of them below:

*"Staff have been so wonderful, looked after brilliantly. Couldn't commend staff or care received highly enough".*

*"Have been a patient on these wards on and off for a number of years and have always received excellent care. The same staff have also been here most of the time and it is reassuring to have staff that know me and my history".*

*"Staff looked after me well – better than I thought. Was terrified of coming in and of hospitals generally".*

*"It's been brilliant" Surgical Day Unit – "care and staff very good as well"*

*"Staff are very attentive, even when you're getting better, they don't just desert you".*

## *Delivery of the Fundamentals of Care*

### **Communication and information**

*People must receive full information about their care in a language and manner sensitive to their needs*

**Some of the leaflets displayed on the ward related to the previous NHS trust and were therefore out of date. We have recommended that the health board provides up to date written information for patients and visitors.**

Patients who responded to HIW's questionnaire confirmed that staff called them by their preferred name; that staff listened to them and were always polite to them, their friends and family. Patients also confirmed that staff had talked to them about their medical conditions and helped them to understand these.

The health board's website briefly describes the services provided on Ward 19a. However some of the leaflets displayed on the ward (including compliments and complaints, comments/suggestions, making donations to charitable funds and information sharing) had been written by Conwy & Denbighshire NHS Trust. This trust was disbanded in 2008 when the North Wales NHS Trust was created, which was then superseded by Betsi Cadwaladr University Health Board in 2009. Therefore this written information was at least seven years out of date.

### ***Recommendation***

***The health board should ensure that patients and members of the public have access to up to date written information about the health board, hospital and ward services.***

***Written information should be regularly reviewed to ensure that out of date information is updated or replaced as required.***

A loop system was available for patients with a hearing impairment, although when tested the system was unplugged and needed to be charged. Some of the staff did not know how the loop system worked. There was no evidence that the ward had specialist communication aids, for example Braille, pictorial signs and communication cards. At the time of our inspection none of the patients had been identified as having additional learning or communication needs. We saw contact details on a noticeboard of a learning disability representative who could be accessed if required by staff or patients. We would suggest that the health board considers how they could introduce a range of communication methods within the hospital environment. Staff should

be able to access specialist communication aids without undue delays to ensure that patients' specialist needs are met.

### ***Recommendation***

***The health board should ensure that staff know how to access and use specialist communication aids to ensure that patients' language and communication needs can be addressed without undue delay.***

### **Respecting people**

*Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.*

**From discussions with the patients and our general observations we found that every effort was made to protect patients' privacy and dignity. Patients confirmed that staff had explained and helped them to understand their medical conditions.**

We found that every effort was made to protect patients' privacy and dignity. Staff members, before attending to patients' care and treatment, used pegs to secure curtains around their bed. We heard staff communicating in a warm, respectful manner with patients.

In September 2014 ward 19a was relocated across the corridor which resulted in the loss of a day room. There was no visitors' room or a quiet area for patients on the ward. Some of the patients on the ward had received life changing treatments or had life limiting conditions. One of the patients we saw had been distressed and tearful on the ward over the last few days. A side ward was available and staff offered to move the patient to this room, to which she agreed. We saw the patient the following day and she had slept well and felt much better after moving to this room. We were told that it was unusual for a bed to be free on the ward. The absence of a day room and private area was a significant loss to patients and visitors on this ward and, as we saw during the inspection, this was having a direct impact on patients' wellbeing.

### ***Recommendation***

***The health board is advised to make a day room and/or quiet area available for patients and visitors on ward 19a.***

### **Promoting independence**

*The care provided must respect the person's choices in making the most of their ability and desire to care for themselves.*

**All the patients we saw during the inspection were independent and self caring.**

We observed patients walking independently to and from bathrooms and around the ward areas. We saw staff were also offering and providing assistance or supervising patients during their initial stages of recovery from surgery or treatment.

### **Relationships**

*People must be encouraged to maintain their involvement with their family and friends and develop relationships with others according to their wishes.*

**We have made a recommendation on the page of this report regarding the lack of a day room or private area for patients and visitors to use.**

Daily visiting hours were between 3.00-4.00 p.m. and from 7.00-8.00 p.m. A staff member told us that relatives and visitors were advised to adhere to these times to give protected times for patients to recover from various treatments and procedures. However flexible visiting times could be arranged when appropriate.

### **Rest, sleep and activity**

*Consideration is given to people's environment and comfort so that they may rest and sleep.*

**The opportunities for patients to engage in activities were very limited and the health board is advised to consider how this area could be improved.**

We saw a notice advising visitors that the rest time for patients is between 2.00 and 3.00 p.m. and a staff member explained that rest and sleep is encouraged between these times to support patients' recovery process.

Some of the patients said they could not sleep at night due to the infusion pump alarms sounding frequently. We spoke with the ward sister who explained that many of the patients on Ward 19a require post surgery intravenous treatment and the alarms were needed to alert staff when the treatment was about to finish and after it has ended. Another staff member we spoke with commented about the quality of the intravenous tubes, resulting in the alarms being

triggered more often than it should. The health board managers we spoke with acknowledged that the quality of tubing could potentially affect the alarm function.

### ***Recommendation***

***The health board should review whether the alarms are triggered unnecessarily. Should this be the case and impacting on the patients' rest and sleep, alternative tubing should be considered.***

The opportunities for patients to engage in activities were very limited on the ward. The age range of patients on ward 19a varied considerably and we noticed that a few of the patients did not engage with patients of a different age group. One of the patients told us that she was 'bored out of her mind'.

One of the two bays had a television set. Staff told us that radios and headsets could be provided to patients, although one of the staff members we spoke with was not aware of this availability.

We noticed that many of the patients had their own mobile phones, iPad or electronic tablets on the ward and a free WiFi facility was available to support patients' use of these.

### ***Recommendation***

***The health board is advised to improve the opportunities for patients to engage in activities. As part of this process the wide age range of patients should be considered.***

### **Ensuring comfort, alleviating pain**

*People must be helped to be as comfortable and pain free as their circumstances allow.*

**Patients we spoke with confirmed that staff were very good at checking their pain levels and providing pain relief. We also observed staff checking patients' comfort and asking whether they were in pain and needed medication for this.**

However we found that the completion of relevant pain documentation was inconsistent. For example patients' pain score or actions taken by staff to alleviate pain were not always noted on documentation and pain monitoring was not always evident. There were no care plan actions relating to pain management. HIW issued an immediate assurance letter following the inspection in relation to patient records, including care planning documentation.

The health board has subsequently provided HIW with sufficient written assurance, confirming that an integrated care pathway for major gynaecology surgical procedures and an integrated care pathway for short stay will be implemented with immediate effect.

### ***Recommendation***

***The ward must ensure that pain assessment tools and documentation reflect the level of intervention and monitoring by staff.***

### **Personal hygiene, appearance and foot care**

*People must be supported to be as independent as possible in taking care of their personal hygiene, appearance and feet.*

**All of the patients we saw were independent with their personal care needs. Therefore we did not inspect patients' personal hygiene, toilet needs and oral health in depth on this occasion.**

We did not identify any concerns regarding patients' personal hygiene, appearance and foot care on this inspection. All the patients we spoke with were independent in this area.

There were two bathrooms for patients on the ward and we saw that they were clean and free of clutter. The bathrooms were suitable for people with physical disabilities and had a good size shower area. However staff told us that the fixed shower screen could cause problems because patients or staff had to enter past the screen, lean into the shower area to turn the shower on, thereby often getting sprayed from the shower in the process.

### ***Recommendation***

***The health board is advised to improve the access to the shower control function in the shower areas.***

### **Eating and drinking**

*People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.*

**Overall the patients were satisfied with the choice and quality of meals.**

Patients told us that there was a good choice of food and drink in the hospital. Patients gave varied comments about the quality of the food. Some patients praised the meals and others said that the meals were 'alright'. We saw that

patients could help themselves to hot drinks from a free of charge vending machine on the ward.

One of the patients told us that she was late selecting her choice from the daily menu that morning, as she had gone for an x-ray. We noticed that her meal arrived after the other patients had started eating theirs; the patient told us that she was satisfied at receiving her meal within good time of the other patients starting theirs. Another patient had gone for a scan but we noticed that her meal was kept warm for her until her return.

None of the patients we saw needed assistance at mealtimes. There was a small table in each bay and we saw that patients were given the choice of eating by their bedside or at the table with other patients.

### **Oral health and hygiene**

*People must be supported to maintain healthy, comfortable mouths and pain free teeth and gums, enabling them to eat well and prevent related problems.*

**All the patients we saw were independent with their oral health and hygiene.**

Patients had their own toiletries but we saw that the hospital also had a stock of toothbrushes and toothpaste if needed by patients.

### **Toilet needs**

*Appropriate, discreet and prompt assistance must be provided when necessary, taking into account any specific needs and privacy.*

**All the patients we saw were independent and self-caring in this area.**

Patients told us that in the event when they needed assistance, for example whilst still recovering from surgery, staff had been prompt in responding to their calls or requests for assistance.

The ward had commodes for patients when needed and we saw that a tag was used to denote that the commode had been cleaned.

### **Preventing pressure sores**

*People must be helped to look after their skin and every effort made to prevent them developing pressure sores.*

**At the time of our inspection none of the patients had been assessed as being at risk of developing pressure sores.**

However we saw that the ward's assessment documentation covered this aspect of care when relevant.

## *Quality of Staffing, Management and Leadership*

### **Staffing levels and skill mix and professional accountability**

**Staff told us that the staffing levels on Ward 19a were generally sufficient to meet patients' needs. However staff told us that on some occasions they did not have the full complement of healthcare assistants required due to regular staff members' leave arrangements. We have therefore advised that staffing availability during these absences is reviewed.**

Ward 19a had 12 inpatient beds and, at the time of our inspection, there were between 11 and 12 patients on the ward, which we were told represented the usual occupancy levels.

There were two registered nurses, each responsible for six patients (thereby falling within the Chief Nursing Officer's guiding principles<sup>1</sup> that the number of patients per registered nurse should not exceed seven). We were told that usually there would be two healthcare assistants working alongside the nurses. However as some of the regular staff were on mid-long term leave arrangements there had been times when only one healthcare assistant was covering shifts. This was the case on both days of our inspection and one healthcare assistant was providing support to the two nurses. On evenings and weekends a minimum of two registered nurses and a healthcare assistant covered each shift.

We spoke with most staff members during the inspection and, although they were very busy, they felt that the general staffing levels were sufficient on week days when fully staffed. However staff indicated that there had been challenges due to being one healthcare assistant short, especially when considering the complexity of patients' needs. This included patients who had received surgical procedures and initially needed high levels of care, patients who needed to be ready for x-rays and/or scans and patients who needed emotional support following treatments such as miscarriage, hysterectomy and cancer.

---

<sup>1</sup> Issued to Health Boards in Wales in April 2012, the Chief Nursing Officer's guidance set out core principles for nurse staff levels for adult acute medical and surgical wards.

Some staff told us that, when there were bed shortages on other wards, they were pressured to accept patients until a bed became available. Some staff members said that they felt 'bullied' at times. We learned that there was no senior cover on the ward at evenings and weekends, when these requests were most likely to occur. Staff told us that the site facilitator and a senior from another ward could be contacted when they need support.

### ***Recommendation***

***The health board is advised to review the senior cover on ward 19a during evenings and weekends to ensure that staff are adequately supported and are not feeling 'bullied' by undue pressure from more senior staff within the hospital.***

Staff said that they informed the junior sister and/or ward sister if they felt that the workload was unmanageable. We were informed that in the last couple of years more agency staff had been sourced. While this addressed the overall staffing levels, these staff members were not always familiar with patients' needs on this ward, therefore this arrangement was not ideal for their continuity of care.

### ***Recommendation***

***The health board is advised to review staff availability during leave periods and to make every effort to use staff who possess the specialist knowledge and who are familiar with the complexity of patients' needs on this ward.***

### **Ward Management**

**Staff told us that they were supported by the ward sister and junior ward sister. However there was no senior cover at evenings and weekends and some of the remaining staff members did not always feel adequately supported. We have advised the health board to review the availability of senior cover at during these times.**

The ward was managed by the Ward Sister and Junior Ward Sister. They were also responsible for the emergency pregnancy day unit, which provided support to women experiencing complications in the first 18 weeks of pregnancy. Staff told us that the managers were approachable and supportive, although one staff member said that managers were not always available when they needed them. The previous recommendation we made under 'Staffing levels and skill mix and professional accountability' section (page 15-16) should assist to address this problem.

We received conflicting information about staff members' shift patterns. One member of staff was unclear about the staff rota and working hours' pattern and another staff member told us that she had started her shift two hours early but, later on, the ward sister said that this was the normal shift pattern. The ward sister agreed to clarify staff members' working hours and the shift patterns during their next team meeting scheduled the following week.

Team meetings were being held on a monthly basis, as was confirmed to us by staff. However the last two meetings, over the Christmas period, had been cancelled. The agenda for the next team meeting was displayed on the staff noticeboard. This meant that staff had access to an appropriate forum in which to raise issues and learn about changes to practice.

### **Effective systems for the organisation of clinical care**

**Although verbal communication between staff was good we found serious shortfalls in relation to patients' records, assessments and care plans. There was no clear pathway present to monitor the patients' journey from their admission, care and treatment through to discharge planning. We could not therefore be confident that patients were always receiving the necessary treatment in a timely way. Potentially this could pose a risk to patient safety and HIW therefore issued an immediate action and improvement plan to the health board. The health board has subsequently provided us with sufficient assurance, confirming that an integrated care pathway for major gynaecology surgical procedures and an integrated care pathway for short stay will be implemented with immediate effect.**

We spoke with one of the registrars who confirmed that communication between the medical team and ward staff was good. Daily ward meetings were being held and the medical team were issued with a brief written summary of each patient which they added to and updated each day. The ward team was also supported by other specialist nurses as required, including oncology, breast care and pain.

Although we saw a collaborative approach between staff we had significant concerns regarding the written documentation on Ward 19a. There was no clear care pathway documentation to identify and evaluate the patient's journey from their admission, care and treatment through to discharge planning. There was no evidence of person centred care planning. For example, we found that patients' assessments did not adequately cover their individual needs and all the care plan documentation we looked at was blank.

One of the patients we spoke with had diabetes which had become unstable following surgery. We considered whether this could have been pre-empted through effective assessment and care planning. Another patient had been admitted to Ward 19a when no bed was available on a medical ward. The patient was still on Ward 19a three weeks later. The ward staff we spoke with were not clear why this person was still on the ward but said that tests were ongoing. Although a basic assessment had been undertaken, no care plan had been formulated and again there was no clear care and treatment pathway documentation. We could not be confident therefore that this patient's care and treatment was being followed up in a timely way and we were concerned that she could potentially be in hospital for a longer period than necessary.

Patient files were bulky and contained information from previous admissions, which may no longer be relevant to their current care and treatment. Patient records (including x-ray and test results) were loosely filed and did not always follow logically. Therefore information could easily become mislaid, posing a risk that vital information could be missed. None of the patient files we looked at recorded their consent for information sharing.

Some of the patients' files were being stored on top of cabinets located on the ward's corridor (because they were too bulky to be filed in the trolley). This corridor was also a through way to an outpatient clinic/treatment room and the files were therefore within sight of outpatients and visitors, thereby compromising patients' privacy and confidentiality.

### ***Recommendation***

***We felt that all the shortfalls above combined could pose a risk to patients' safety. HIW issued an immediate assurance letter and improvement plan to the health board. The health board has since provided HIW with written information, which gives us sufficient assurance, that immediate action was taken to address and improve their overall record keeping, records management and security.***

### **Training and development**

**Information regarding staff training, to clarify what training had been completed by each staff member and any refresher due dates, could not easily be extracted from the computer system. We have therefore recommended that the health board's system is improved and that HIW is provided with a copy of the training matrix by March 2015. We have also advised the health board to consider other regular training or awareness sessions for staff in accordance with patients' needs and their wide age range on this ward.**

We saw that the system to monitor staff members' training and development was not robust. Staff told us that their training needs were identified during annual staff appraisals; however some members of staff highlighted they had not received regular annual reviews and were not up to date with some of their mandatory training. Staff explained that they could not always attend training due to covering shifts or some courses were already fully booked. The ward sister told us that she was in consultation with the health board to increase the availability of courses and staff could also access courses arranged for maternity services, although not all of these would be relevant to the service provision on ward 19A.

The ward sister was in the process of manually going through each staff member's online training record and was unable, at this point, to provide us with a summary of the training staff had received. However we were told that staff were up to date with most of their training needs. The ward sister said that a training plan was being presented to the health board at the beginning of March 2015 and agreed to provide HIW with a copy of this.

### ***Recommendation***

***The training records system should be improved so that a matrix of the courses completed by the team and individual staff can easily be extracted, without the need to manually check individual staff members' records.***

***The health board is requested to forward a copy the training matrix to HIW, to include the training staff members have received and planned dates for future mandatory and specialist training, by March 2015.***

We acknowledged that addressing staff members' training needs could be a challenge on Ward 19a due to the diversity of patient needs and their wide age range. For example, in addition to their presenting need, patients could also be older people with a cognitive impairment or dementia, patients who had physical or learning disabilities and mental health needs. The ward sister had received training on the Mental Capacity Act 2005, but retaining information on such a vast subject was unrealistic due to not caring for this patient group on a day to day basis. The ward sister told us that they had sought the advice from their neighbouring care of the elderly ward on some occasions which had been helpful.

## ***Recommendation***

***The health board is advised to consider other regular training or awareness sessions for staff in accordance with the diverse range of patients' needs.***

### **Handling of complaints and concerns**

There were no ongoing complaints at the time of our inspection and none of the staff or ward sister were able to recall the last complaint they had received in relation to ward 19a. All patients spoke highly about staff and the overall care and treatment they had received.

We saw that the health board had produced a leaflet on how to raise a concern and the information was consistent with the NHS 'Putting Things Right'<sup>2</sup> arrangements. However we also saw complaints leaflets by a previous trust, which had disbanded, and we therefore instructed that these be disposed of (as referred to in our recommendation on page 8 of our report).

---

<sup>2</sup> 'Putting Things Right' is the NHS arrangements for dealing with and responding to concerns and complaints within health care services.

## ***Delivery of a Safe and Effective Service***

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

### **Risk management**

We discussed the systems for recording significant incidents with the ward sister. An adverse clinical events (ACE) form was used to log such incidents, which we were provided with a copy of, and all staff members had access to transfer the information into the Datix<sup>3</sup> system. The outcome and any learning points from these were discussed at various forums, including the staff team meeting, safety briefings and risk management team. Information was also cascaded to staff via informal discussions.

### **Policies, procedures and clinical guidelines**

**Staff could access the health board's policies and procedures online but we have recommended that some of these be more readily available to staff.**

The ward sister confirmed that staff had access to the health board's policies, procedures and guidelines online. However, as this would necessitate staff logging in and searching for the relevant information, which could be time consuming, we recommended that key policies and procedures be displayed or made available to staff on the ward.

### ***Recommendation***

**Key policies and procedures, for example medication procedures, should be made available to staff and/or be displayed on staff noticeboards.**

---

<sup>3</sup> **DATIX** is a software tool used within the NHS used to record, investigate and analyse causes of adverse events and near misses.

## **Effective systems for audit and clinical effectiveness**

**We saw that regular quality assurance and fundamental of care audits were being undertaken and some of the results were displayed on a noticeboard on the ward. The health board will need to look into whether the scores reflect the number of patients seen on ward 19a; otherwise the overall scores may not be truly representative of the actual findings.**

There was evidence that regular quality assurance audits were being undertaken on the ward. The ward sister told us that the matrons (senior nurses) undertook monthly quality and safety audits and this task was also sometimes undertaken by ward sisters at a ward they did not directly manage, to ensure impartiality. The September 2014 audit results were displayed. However the ward sister told us she intended to replace these with the December 2014 audit results that she had recently been provided with. These results are discussed with staff and where necessary actions undertaken to improve standards.

Other regular fundamental of care audits were being completed and recorded on the care metrix<sup>4</sup> system. The ward sister explained that these audits were based on a minimum of ten patients and not all the results were reflective of the actual number of patients seen. For example, there had been occasions when there were less than ten inpatients, or less than ten patients were well enough to be interviewed. However the calculation of the overall scores was still based on ten patients, which automatically brought the overall score down and therefore reflected unfairly on the ward's actual performance. Cleaning audits were completed by the domestic supervisors. Systems were therefore in place to monitor and improve cleanliness.

### ***Recommendation***

***The fundamental of care audit systems must be reviewed to ensure that the overall outcome reflects the actual number of patients seen.***

---

<sup>4</sup> Care metrics is a system of measuring the quality of care delivered to patients. This is considered to be central to providing a NHS that is more transparent, accountable and focussed on improvement.

## **Medicines management**

**Medication was being administered in accordance with good practice guidelines. However some of the patients' medication was not being stored safely and we found that the controlled drugs book had not always been countersigned as required. HIW issued an immediate assurance letter and improvement plan to the health board within a few days of the inspection. The health board has since provided HIW with written confirmation, which gives us sufficient assurance, of the actions taken to address these isolated incidents and to prevent any reoccurrences.**

## **Storage of drugs**

We found that the medication storage room was cluttered due to the general lack of storage space within the ward environment. Medication was appropriately being stored in locked cupboards and the patients who self medicated had their own lockable containers by their bedside. However we found that not all medication was being stored safely. For example, a bag of medication had been left on a work surface in the medication room (pending a patient's discharge) and one of the patient's 'penject<sup>5</sup>' had been left on their bedside table at their request.

On the first day we noticed that there was no thermometer for the medication fridge and therefore we could not be confident that medication was being stored within the safe temperature range recommended by the manufacturer. By the second day of the inspection the ward sister confirmed that a thermometer had been fitted and that the fridge temperature would be monitored daily.

One of the patients had diabetes but no hypo box was available on the ward.

## ***Recommendation***

***These medication issues could potentially pose an immediate risk to patient safety. HIW issued an immediate assurance letter and improvement plan to the health board. Since then the health board has provided HIW with written confirmation, which gives us sufficient***

---

<sup>5</sup> 'Penject' is an insulin injection pen which was designed for easier and more accurate administration of insulin. Further information can be obtained on [http://www.diabetes.org.uk/About\\_us/News/Diabetes/-Technology/](http://www.diabetes.org.uk/About_us/News/Diabetes/-Technology/)

***assurance, of the actions taken to address these isolated incidents and to prevent any reoccurrences.***

### **Medication administration**

There was no set medication administration times on Ward 19A as many of the patients required pain relief post-surgery or at various times during their treatment. Whilst we saw that staff followed good practice guidelines when administering medication to patients, the book for the controlled drugs administered had not always been countersigned, as recommended under medication guidelines.

### ***Recommendation***

***HIW's immediate assurance letter and improvement plan, issued to the health board in relation to the ward's overall medicines management, also covered the need to improve their controlled drugs procedures. The health board have subsequently undertaken satisfactory actions and identified a pharmacy link for continued medication and controlled drugs audits and professional advice.***

## 6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit their improvement plan to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified within Ward 19A at Glan Clwyd Hospital will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/ units of the health board.

The health board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

## Appendix A

### Dignity and Essential Care: Improvement Plan

Hospital: Glan Clwyd

Ward/ Department: 19A (Gynaecology and Breast Care)

Date of Inspection: 30<sup>th</sup> and 31<sup>st</sup> January 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<b>Quality of the Patient Experience</b>			
	N/A			
	<b>Delivery of the Fundamentals of Care</b>			
9	<p>The health board should ensure that patients and members of the public have access to up to date written information about the health board, hospital and ward services.</p> <p>Written information should be regularly reviewed to ensure that out of date</p>	<p>Gynaecology services patient information leaflets are being discussed at the North Wales Gynaecology Forum with the objective of ensuring consistent, evidence based information is made available to all women accessing Gynaecology services in North Wales. Leaflets to be agreed and submitted for approval to the Womens Clinical Programme Group (CPG)</p>	<p>Professional Lead Nurse Gynaecology</p>	30.4.15

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	information is updated or replaced as required.	<p>Quality, Safety and Experience sub-group in April 2015. Condition specific patient information leaflets are given to women in the outpatient clinic at the same time as consenting women for surgery. Royal College of Obstetrics and Gynaecology (RCOG) and EIDO leaflets are given to patients.</p> <p>All legacy patient information material has been removed from ward 19A.</p> <p>Breast surgery patient information leaflets to be discussed with Breast surgeons with the objective of ensuring consistent, evidence based information is made available to all women undergoing breast surgery in North Wales.</p>	<p>Professional Lead Nurse Gynaecology</p> <p>Professional Lead Nurse Gynaecology to liaise with Breast Surgeons</p>	<p>Completed</p> <p>July 2015</p>
9	The health board should ensure that staff know how to access and use specialist communication aids to ensure that patients' language and communication needs can be addressed without undue delay.	A loop hearing system is available on Ward 19A- staff training will be arranged to ensure that all staff members know how to use the system should this be required for patients who have hearing difficulties.	Ward Manager to arrange staff training	July 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p><b>Raising awareness and meeting communication needs</b></p> <p>The All Wales Standards for Accessible Communication and Information for People with Sensory Loss was introduced in 2013 and the BCUHB has put in place an implementation plan under the responsibility of a designated officer which identifies:</p> <ul style="list-style-type: none"> <li>• The current picture in terms of compliance with the standards</li> <li>• The areas where improvements can be made relatively quickly and easily</li> <li>• Those areas of service provision where compliance with the standards causes greater challenges</li> </ul> <p>The senior operational lead for the plan is Mark Sykes, Assistant Director OD, designated senior officer under the Executive sponsorship of the Director of Nursing until January 2015. Since February 2015 the Executive sponsorship has been under the Director of Corporate Services.</p> <p>An Accessible Healthcare Working Group has been established to oversee progress of the</p>	<p>Director of Corporate Services</p> <p>Womens CPG Lead Manager for Quality, Safety and Patient Experience</p>	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>implementation plan. An external Sensory Loss Reference Group has also been established to provide scrutiny and includes representation from service users, RNIB Cymru, Vision Support, North Wales Deaf Association and Action on Hearing Loss. The scope of the Standards is significant. In order to aid planning, the Standards have been considered in themes and these themes have been tested and amended following consultation with the Sensory Loss Reference Group. Work is being progressed via a number of work streams which include:</p> <ul style="list-style-type: none"> <li>• Training ( resource attached)</li> <li>• Accessing communication support for service users via the Welsh Interpretation &amp; Translation Service ( WITS)</li> <li>• Referral process and appointment systems</li> <li>• Medical records, flagging and alerts</li> <li>• Hearing loop provision maintenance and training</li> <li>• Environment and signage</li> <li>• Improved accessibility of the concerns process</li> </ul> <p>I</p>		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p><b>nterpretation and meeting language needs</b></p> <p>The Health Board has a contract with Wales Interpretation and Translation Service (WITS) for provision of interpretation services. This is available 24 hours a day, 365 days a year. A protocol has been developed which provides a framework to assist Health Board staff in providing appropriate interpreting and translation services for patients and service users. The purpose of this protocol is to:-</p> <ul style="list-style-type: none"> <li>• provide a framework to assist Health Board staff in providing appropriate interpreting services for patients and service users whose first language is not Welsh or English and for those who communicate through British Sign Language(BSL);</li> <li>• highlight good practice when communicating with people who have a sensory loss such as hearing or sight impairments;</li> <li>• detail options available for obtaining interpreting services;</li> <li>• highlight good practice when communicating through an interpreter</li> </ul>		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		The issues highlighted in the HIW inspection will be taken to the Health Board working group to ensure this is considered and tested through other CPG's		
11	The health board is advised to make a day room and/or quiet area available for patients and visitors on ward 19a.	Due to the major refurbishment of Glan-Clwyd Hospital because of asbestos, it will not be possible to address this issue in the short term. In the long term this recommendation can be addressed through the corporate planning process.	Womens CPG Lead Manager for Quality, Safety and Patient Experience	To be agreed once YGC refurbishment complete
11	The health board should review whether the alarms are triggered unnecessarily. Should this be the case, thus impacting on the patients' rest and sleep, alternative tubing should be considered.	<p>Alarms on infusion devices are an important safety function.</p> <p>Timeliness of response by the nursing team to the alarms is a key action for improvement to reduce the impact of the noise intrusion at nights for patients, so this is being discussed in ward team meetings and over the next 3 months will be monitored by the Matrons and ward manager through real time patient feedback whilst undertaking the Quality Assurance checks.</p> <p>Where we note delays in switching off the alarms, the ward manager will ensure that apologies are given for any inconvenience caused.</p>	<p>Ward Manager</p> <p>Ward Manager</p>	<p>30.4.15</p> <p>ongoing</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
11	The health board is advised to improve the opportunities for patients to engage in activities. As part of this process the wide age range of patients should be considered.	<p>Wi-Fi is available on ward 19A and we will ensure that all patients are informed of this facility by displaying a laminated notice in all patient areas.</p> <p>Inpatient Matrons/Professional Lead Nurse Gynaecology will seek patients' individual requirements, when completing the quality assurance forms.</p> <p>We will be exploring the potential of introducing patient line communication (bedside entertainment systems) at Glan-Clwyd Hospital.</p>	<p>Ward Manager</p> <p>Ward Manager</p> <p>Inpatient Matrons/ Professional lead Nurse Gynaecology</p> <p>R Taylor, Head of Operational Estates, BCUHB</p>	<p>Completed (and will be ongoing)</p> <p>Monthly review-outcome evaluation in June 2015</p> <p>Cannot define timescales</p>
12	The ward must ensure that pain assessment tools and documentation reflect the level of intervention and monitoring by staff.	<p>Patient observation charts (NEWS) contain pain scores- these charts are reviewed on a monthly basis by the Matron/Professional Lead Nurse Gynaecology via the Matron Quality Assurance forms.</p> <p>Emerging themes are fed back to staff at ward meetings and also escalated to the Womens CPG Quality, Safety and Experience sub group.</p> <p>In the meantime, ward meetings will be used to</p>	<p>Professional Lead Nurse Gynaecology</p> <p>Inpatient Matron</p> <p>Ward Manager</p>	<p>Monthly</p> <p>Completed February 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>discuss these findings particularly about pain scores being recorded along with observations on every occasion.</p> <p>Gynaecology and breast surgery post operative care plans have been implemented on ward 19A, that contain a section on pain management</p>	Professional Lead Nurse Gynaecology	<p>March/ April 2015</p> <p>completed</p>
12	The health board is advised to improve the access to the shower control function in the shower areas.	Showers and bathrooms on ward 19A were upgraded in 2009 to maintain infection prevention and control standards. Flexibility of shower control panel to be considered in the next scheduled ward refurbishment planning process.	Ward manager  Inpatient Matron	Timescale for placing into capital planning tbc
<b>Quality of Staffing Management and Leadership</b>				
16	The health board is advised to review the senior cover on ward 19a during evenings and weekends to ensure that staff are adequately supported and are not feeling 'bullied' by undue pressure from more senior staff within the hospital.	<p>The senior team have reviewed this recommendation against the current cover.</p> <ul style="list-style-type: none"> <li>• Ward manager works a late shift at least once per week.</li> <li>• Deputy ward manager works during evening and weekends to provide senior cover.</li> <li>• During periods of staff sickness absence the ward manager covers the clinical shift (day, evening, night or weekend) to</li> </ul>	Ward manager  Ward Manager	Ongoing

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>maintain safe staffing establishments.</p> <ul style="list-style-type: none"> <li>• Staff concerns are shared by the ward manager at the Womens CPG nursing and midwifery inpatient management catch up meetings.</li> <li>• Risk issues and concerns from the catch up meetings are escalated by the Head of Inpatient Services at the Womens CPG Senior Management Team meetings.</li> </ul> <p>Following the review the following additional action has been agreed- Womens CPG are planning to implement a manager on call rota to provide senior support to staff on a 24/7 basis over a 365 days per annum.</p>	<p>Head of Inpatient Services</p> <p>Womens CPG Senior Management Team</p>	<p>Ongoing</p> <p>Ongoing</p> <p>April 2015</p>
16	<p>The health board is advised to review staff availability during leave periods and to make every effort to use staff who possess the specialist knowledge and who are familiar with the complexity of patients' needs on this ward.</p>	<p>Episodes of staff sickness absence or other staff leave is reviewed by the ward manager and maternity bleep holder.</p> <p>Staffing establishments are maintained at 2 RGN and 1 Health Care Support Worker (12 beds) at all times with no compromise.</p> <p>In the event of no regular ward staff being available to cover the shift the Health Board bank nursing staff would be approached.</p>	<p>Ward manager</p> <p>Inpatient Matron</p>	<p>Ongoing</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Agency nursing staff are used as a last resort in order to maintain safe staffing levels. In the case of agency staff being used an Induction check list is used to ensure they are shown the appropriate documentation and local procedures explained.</p>	Ward manager	In place
19	<p>The training records system should be improved so that a matrix of the courses completed by the team and individual staff can easily be extracted, without the need to manually check individual staff members' records.</p> <p>The health board is requested to forward a copy the training matrix to HIW, to include the training staff members have received and planned dates for future mandatory and specialist training, by March 2015.</p>	<p>An electronic system is desirable- the Health Board is working with IT to enhance the process.</p> <p>The Health Board currently uses ESR to record all completed training</p> <p>Womens CPG Training Group via the group Secretary maintains a central training database for all staff employed in the Womens CPG.</p> <p>A copy of the training data base has been appended to this action plan as requested by HIW and also a training needs analysis carried out within the CPG is also attached.</p> <p>Training gaps identified in the review of the data base whilst collating this information has highlighted some gaps and immediate action has been taken by the CPG and the full compliance</p>	<p>Ward manager</p> <p>Head of Inpatient Services</p> <p>Training Secretary</p> <p>Head of Inpatient Services</p>	<p>ongoing</p> <p>Ongoing</p> <p>15<sup>th</sup> March 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		with all mandatory and statutory training will be completed by the end of the year		December 2015
20	The health board is advised to consider other regular training or awareness sessions for staff in accordance with the diverse range of patients' needs.	<p>A training needs assessment will be undertaken with senior CPG staff to assess the diverse range of patients who come onto ward 19a and the associated training needs.</p> <p>Ward manager and deputy ward manager will be allocated to attend Deprivation of Liberty Standards Training (DoLS) with the aim of providing advice and support to ward staff.</p> <p>All staff attend Information governance training – this is mandatory.</p>	<p>Head of Inpatient Services</p> <p>Ward manager</p> <p>Deputy ward manager</p>	<p>May 2015</p> <p>July 2015</p> <p>Ongoing</p>
<b>Delivery of a Safe and Effective Service</b>				
21	Key policies and procedures, for example medication procedures, should be made available to staff and/or be displayed on staff noticeboards.	BCUHB Medicines management policy and NMC Medication Standards are available in hard copy in the clean utility (near the CD cupboard) on ward 19A. These were present at the time of inspection.	Ward Manager	End of April 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
22	The fundamental of care audit systems must be reviewed to ensure that the overall outcome reflects the actual number of patients seen.	Revised process adopted across the Womens CPG. Monthly quality audits will be undertaken by a Womens CPG matron/Professional Lead Nurse Gynaecology with the objective of achieving consistency and validity to the process and also as an opportunity to share good practice across the 3 Gynaecology/Breast surgery wards in BCUHB.	Inpatient Matrons and Professional Lead Nurse Gynaecology	Revised monthly audit process to commence from March 2015

**Health Board Representative:**

**Name (print):** .....Heledd W Jones.....

**Title:** .....Head of Womens Inpatient Services.....

**Signature:** ...*[Signature received separately in PDF format]* .....

**Date:** .....13<sup>th</sup> March 2015 .....