

Hospital Inspection (Unannounced)

Royal Glamorgan Hospital/Cwm
Taf University Health Board.
Wards 12 and 19

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2018

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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 are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

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 two wards at the Royal Glamorgan Hospital on the 13 and 14 March 2018. The hospital is operated and managed by Cwm Taf University Health Board. We visited the following wards:

- Ward 12
- Ward 19

Our team, for the inspection comprised of two HIW Inspectors (one of whom led the inspection), two clinical peer reviewers and one lay reviewer. The HIW Clinical Director was also present on day one of the inspection.

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.

2. Summary of our inspection

We found that staff insufficiency reduced the ability of ward teams to deliver safe and effective care to patients, in accordance with the Health and Care Standards. This was, despite the best efforts of staff. Furthermore, there was evidence to suggest that ongoing issues with staff availability may be impacting negatively on the health, safety and well being of substantive staff.

Whilst it was encouraging to find evidence of good leadership and management within both areas inspected, it is of concern that a number of staff perceive that the health board, as an organisation, to not be supportive, with front line professionals not always empowered to speak up and take action when issues arose. The health board should therefore consider what action it needs to take to ensure that an open culture is achieved.

This is what we found the service did well:

- Patients told us that staff were kind and sensitive when carrying out care and treatment
- Patients had access to additional care and treatment from advanced nurse practitioners on a 24 hour, seven days a week basis. Such care would be provided in response to identified deterioration in patients' physical health
- Conversations with staff revealed that they made every effort to get to know their patients well despite the day to day challenges they faced in delivering care

Additional Explanatory Notes

Our findings in relation to staff insufficiency and staff retention resulted in HIW issuing an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. Some of those issues are outlined below:

- We found that there were 57.26 full time equivalent registered nurse vacancies at the Royal Glamorgan hospital at the time of our inspection. Of that number, 6.40 related to Ward 12 and 6.73 related to Ward 19
- As a result, both wards were heavily reliant on a high percentage of agency/bank nurses and Health Care Support Workers (HCSWs) to assist with providing care to patients; every attempt being made to secure the same group of nurses/support workers to bring about a level of consistency to the clinical areas concerned. Where it wasn't possible to secure registered nursing staff, the health board provided both wards with an increased number of HCSWs to try and assist, as far as possible. However, due to the ongoing unpredictable, complex needs of patients on both wards, HCSWs were limited in their role; additional work having to be undertaken by existing registered nurses
- The above issues were reported by staff to have existed for approximately 12 months, and had resulted in reduced team-working and increased pressure on substantive registered nurses
- In addition, conversations with HCSWs indicated that there were many occasions when they felt they had insufficient time to provide care safely. This was because many patients required the assistance of two members of staff for repositioning, for aspects of personal care and for safe transfer from bed to armchair. It was often the case that a HCSW needed to wait for assistance from a registered nurse to support patients in this way. Visiting healthcare professionals also described similar situations to the above, stating that patients would request assistance from them on their arrival to the wards, as the registered nurses were unable to respond to them due to competing priorities. This therefore impacted on patients' dignity and on the ability of staff to provide care in a timely way

The health board has since supplied HIW with a response to the immediate assurance letter, the content of which provided us with assurance that prompt and appropriate action would be taken.

Given the number of improvements identified during our inspection, the reader is invited to view such details within Appendix C of this report.

3. What we found

Background of the service

Cwm Taf Health Board was established in October 2009 and achieved University status in July 2013. The health board provides primary, community, hospital and mental health services to people living in Merthyr Tydfil, Rhondda Cynon Taf and surrounding areas. The health board is also responsible for the provision of child and adolescent mental health services for South Wales and is the host body for Welsh Health Specialised Services and the Emergency Ambulance Services Committee.

The Royal Glamorgan Hospital provides acute emergency and elective medical and surgical services together with a range of diagnostic facilities.

Ward 12

Ward 12 is a designated acute medical ward. For the past three years, patients with multiple/combined physical and mental health problems have been admitted to this area. The ward is able to care for a maximum of 28 patients at any one time. The ward has four bays containing six beds and four individual patient rooms. There were no vacant beds at the time of our inspection.

Ward 19

Ward 19 is a designated acute medical (respiratory) ward. The ward is able to care for 28 patients at any one time in an area that has four bays containing six beds and four individual patient rooms. At the time of our inspection there were 28 patients in receipt of care and treatment, some of whom presented with respiratory illness, others, with a mixture of complex physical/mental illness.

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.

Overall, the quality of the patient experience was variable within the two clinical areas we visited. Feedback from patients about the services they had received was generally positive. There were, however, a number of patients who were unable to speak with us, or complete a questionnaire. This was due to their complex health needs and difficulties with communication.

Conversations with staff during the inspection provided evidence of an on-going commitment to providing patients with a positive experience of NHS services. We also found that staff were striving to provide patients with safe and effective care in the face of considerable day to day challenges associated with their complex/unpredictable needs, together with staff insufficiency.

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 to patients and some relatives on both wards visited. Patient comments included the following:

"The quality of care is related to staffing levels. Very good when levels are appropriate"

"This care is as good as it gets. I have every confidence in my care"

Patients who completed a HIW questionnaire rated the care and treatment provided during their stay in hospital as seven out of ten. The majority of those patients also agreed that staff were kind and sensitive when carrying out care and treatment. In addition, people agreed that staff generally provided care when it was needed.

Staying healthy

General findings

There was an absence of health promotion material and healthcare information in both wards. We make further reference to this issue under the sub heading of Patient Information later on in this section of the report.

Dignified care

General findings

Ward staff were pleasant and welcoming in both areas inspected.

We heard staff speaking with patients in a gentle and calm manner within both wards visited and saw that curtains/doors were closed at times when patients were being assisted by members of the ward team.

Almost all patients who completed a HIW questionnaire agreed that staff were always polite to them, and to their friends and family. They also indicated that staff called them by their preferred name. This meant that there was an emphasis on treating people with respect.

Patients appeared well presented and well cared for on both days of the inspection.

We explored the arrangements in place to support patients with their continence needs and found that records did not make clear how such needs were being met. Specifically, no routine recorded assessment was made. Conversations with staff however, confirmed that this aspect of care was approached with sensitivity to maintain individual patients' dignity. In addition, patients who spoke with us said that they were offered a choice by staff about which method they could use when they needed the toilet; staff providing assistance as and when necessary in a kind and calm manner.

We found there was a widespread lack of chairs for patients' use at the bedside. This was more prominent within Ward 12 and resulted in moving chairs around the ward to enable people to spend time in a seated position. This not only impacted negatively on patients' dignity, but also had the potential for cross infection, as staff did not have time to clean chairs in-between use. Whilst a senior manager told us (on day two of our inspection) that additional chairs had been purchased, HIW requires the health board to provide assurance that this matter has actually been addressed.

Ward 19

We saw that nurse call bells in two bays were not placed in close proximity to the patients. Rather they were generally hanging above their lockers. This may have undermined the dignity of patients, as they would have needed to call out to staff, (as opposed to using a call bell), when assistance was required.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that each patient has a bedside chair for their personal use, during their in-patient stay.

The health board is required to provide HIW with details of the action taken to ensure that patients have easy access to a call bell to request assistance from staff.

Patient information

General findings

There was an absence of health related information for patients and their relatives, (to add to information provided verbally by the ward teams). Whilst senior managers indicated that such information had been removed from the ward for infection prevention and control purposes, the health board must consider alternative means of making full information available. This is to enable patients and their families/carers to make informed decisions about care and treatment as equal partners.

Both wards had a Patient Status At a Glance (PSAG) board which contained information about individuals' care needs and discharge arrangements. Whilst we saw that symbols were being used to highlight aspects of patient's personal needs in a confidential way, other information seen on the boards, related to patient identifiable data which undermined confidentiality.

Conversations with a senior nurse revealed that the health board was piloting an electronic version of PSAG information which also required designated ward staff to add detailed information about the type/level of patient need on a daily basis. Such information was then being used to more easily identify when patients' health deteriorated, when outreach¹ services should be contacted and the level of staff required to provide prompt and effective care (staff currently being required to telephone outreach staff on a 24 hour, seven day week basis, when needed). The extent of the outreach service and the current electronic pilot was regarded as good practice.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that people receive full and accessible written information about their healthcare conditions in accordance with the Health and Care Standards.

The health board is required to inform HIW of the action to be taken to ensure that patient information (currently held within PSAG boards), is made known to staff via a more discreet system of information sharing.

Communicating effectively

General findings

The majority of patients who completed a HIW questionnaire confirmed that they were offered the option to communicate with staff in the language of their choice.

However, patients indicated that staff had not always talked to them about their medical conditions, or helped them to understand. One particular patient commented:

“Need more information - not sure what is going on”

¹Outreach nurses (advanced nurse practitioners) teach and support staff so they notice the early signs of deteriorating health and provide prompt, appropriate patient intervention.

A daughter of a patient receiving care on the ward also provided the following comment:

“Would have liked to have been with mother when her diagnosis was given.”

Conversations with staff revealed that they made every effort to get to know their patients' well; despite the day to day challenges they faced in delivering care. This included gaining awareness of individual's ability to communicate.

Timely care

General findings

Timely access to care was affected by the issue of staff insufficiency. This is reflected in our findings throughout this report. Patients' comments also included:

“I was not having my needs attended on a regular basis. Sometimes not until 6:30pm at night”

“Staff give what they can. No time to discuss personal issues. Family watch my care - question things that have not been done. Medical care excellent”

Staff who completed a HIW questionnaire, and those who spoke with us, indicated that they were not always able to meet all the conflicting demands on their time at work. This extended to their ability to plan and provide timely, individualised care. They also felt that there was generally never enough staff to enable them to do their job properly. Staff comments within completed HIW questionnaires included:

“We could deliver higher standards of care if we had the right amount of staff to meet all patients' individual needs”

Individual care

Planning care to promote independence

General findings

We saw signs and images on toilet doors and bathing areas to assist patients in determining where they were, independently.

Mobility aids such as Zimmer frames were placed close to patients so that they could use them without having to ask staff for assistance (in accordance with their assessed level of mobility).

Ward 12

We looked at a sample of six patient records and found evidence 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.

We saw active physiotherapy sessions taking place during our inspection. The outcome of such intervention was clearly recorded in patients' notes; appropriate equipment being provided in direct response to peoples' assessed needs. This was in order to promote their independence as far as possible.

Ward 19

We found that the increasing numbers of patients with complex physical and mental health needs presented staff with particular challenges in terms of individual care planning. Specifically, we were informed of the difficulties facing ward staff in supporting individual patients and securing input to their care pathway from physiotherapy and occupational therapy staff and social services. We also saw limited evidence of recorded individualised care planning.

Whilst such issues were not unique to this health board, the added significant pressure associated with staff insufficiency meant that patients' needs may not be met. Further reference to staffing can be found within the section of this report entitled Quality of Management and Leadership.

People's rights

General findings

Discussions with patients and staff revealed that there were defined 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.

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. Such arrangements would be recorded in patients' notes. This was to ensure that all members of the ward team were informed.

Staff told us that relatives could stay with their family member if they were critically ill; armchairs being provided for their use.

There were no regular, planned chaplaincy visits, as stated by staff.

Listening and learning from feedback

General findings

Conversations with senior nurses indicated that there was a Patient Experience Team Leader employed by the health board whose role was to ensure that there was an emphasis on obtaining people's views on the services provided. The Team Leader also supported the Patient Advice and Liaison Service (PALS) team based within the hospital's outpatient department and arranged ad hoc exhibitions at the hospital to inform patients and members of the public about its services. This also provided an additional opportunity for comments to be made or concerns to be raised.

We were informed that any information obtained by the PALS team (whether positive or negative), was shared with ward teams. In addition, ward managers and staff encouraged 10 patients to provide comments about their care on a monthly basis, the outcome of which was analysed; appropriate action being taken wherever possible.

Staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected within their directorate or ward. The majority of staff also indicated that they received regular updates on the patient experience feedback and felt that patient experience feedback was used to make informed decisions within their area of work.

However, we found there was an absence of information about Putting Things Right² arrangements on both wards. This meant that patients and their families did not have clear information about how to raise any concerns/complaints they may have.

² Putting Things Right relates to the integrated processes for the raising, investigation of and learning from concerns within the NHS across Wales.

Improvement needed

The health board is required to describe the action taken/to be taken to enable patients and their families to understand their rights in terms of raising concerns/complaints about NHS care.

Delivery of safe and effective care

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

As a result of our findings, we were not assured that the systems in place in the areas we visited were sufficient to ensure that patients consistently received high quality, safe and reliable care.

We identified a range of healthcare related issues associated with the delivery of safe and effective care which the health board is required to address.

Safe care

Managing risk and promoting health and safety

General findings

Ward entrances and areas occupied by patients were very cluttered making it difficult for staff to manoeuvre patients around the environment. This was stated to be due to the combination of a new delivery of consumable items and limited storage space.

Ward 12

We found that a toilet/shower room within the ward was not in use. Staff were unclear about when remedial work would be complete. This meant that 24 patients only had access to one other such facility; (the remaining four patients having access to ensuite facilities).

Ward 19

The call bell indicator/light above the door of Bay 2 was constantly lit and therefore faulty. This created difficulties for staff in identifying when patients were calling for assistance from this area of the ward.

Improvement needed

The health board is required to inform HIW of the remedial action taken to ensure that the toilet/shower area within Ward 12 is operational and fit for patient use.

The health board is required to provide HIW with details of the action taken/ to be taken to rectify the faulty call indicator/light above the door of Bay 2-Ward 19.

Preventing pressure and tissue damage

General findings

We were able to confirm that both wards had established processes, systems and equipment in place to prevent patients from developing pressure and tissue damage.

Ward 12

We looked at specific charts which staff were required to complete to demonstrate that they had assisted patients to change their body position regularly. We found the charts contained a number of gaps. This meant that we were unable to verify whether patients had been assisted to alter their position, as required. Whilst we found that there were no patients present who had developed pressure damage since their admission to the ward, it is vital that the ward team completes re-positioning charts to verify that people are helped to look after their skin; recording action taken where appropriate.

Improvement needed

The health board must provide HIW with details of how it will ensure that regular re-positioning; turning and appropriate self care arrangements are clearly recorded to demonstrate that patients are being helped to avoid pressure and tissue damage.

Falls prevention

General findings

We found that patients were formally assessed for their risk of falling. This included the completion of risk assessments in relation to the use of bed rails.

We also found that patients' risk of falls was discussed during staff handover periods, to ensure that members of the ward team were aware of patients' individual requirements.

Infection prevention and control

General findings

We saw that ward areas visited were, overall, visibly clean. Patients who completed a HIW questionnaire also indicated that they were satisfied with the overall cleanliness of the wards.

However, we saw a number of hospital corridor and communal/public areas were in need of cleaning; flooring being visibly stained with clear collections of dust in corners and along the edges of corridors.

We noted the absence of the display of information regarding the World Health Organisation (WHO) My 5 moments³ of hand hygiene, as a reminder to staff of its significance.

Both wards had a good working relationship with the infection prevention and control specialist nurse. This assisted with obtaining timely advice as and when needed.

Ward 12

Whilst we saw hand washing information displayed above basins, we observed staff washing their hands and found their technique to be inadequate at times.

We saw a member of the housekeeping staff entering a patient's individual room (where source isolation⁴ arrangements were clearly in place), wearing

³ The My 5 Moments for Hand Hygiene approach defines the key moments when health-care workers should perform hand hygiene. This evidence-based, field-tested, user-centred approach is designed to be easy to learn, logical and applicable in a wide range of settings.

disposable gloves of the type that are meant to be used when servicing food and drink (blue in colour). However, the member of staff concerned did not use fresh gloves, or any other form of personal protective clothing on entering/leaving that area. This meant that there was the potential for cross infection within the ward.

Ward 19

We observed staff undertaking good and timely hand washing techniques during our visit.

We held conversations with registered nurses about the action they would take in the event of a needlestick injury⁵. As a result, we found that there was inconsistent understanding about what to do. Given that such incidents are infrequent (due to the safe use of sharps arrangements in place), it is important that all staff are clear about their responsibilities in this regard. There was also an absence of displayed guidelines to assist staff in relation to this specific matter.

Of three commodes inspected, only one contained a label indicating that it was clean and ready for use. Failure to adhere to Infection Prevention and Control (IPC) guidelines in this regard could result in cross contamination.

We saw that there was a supply of appropriate face masks for use by staff when caring for patients, as and when needed.

⁴ Source Isolation nursing prevents the spread of infection among patients. - It is termed source isolation because the patient is the source of infection.

⁵Needlestick injuries are wounds caused by needles that accidentally puncture the skin. Needlestick injuries are a hazard for people who work with hypodermic syringes and other needle equipment. These injuries can occur at any time when people use, disassemble, or dispose of needles.

Improvement needed

The health board is required to describe the action to be taken to ensure that the hospital environment is kept clean.

The health board is required to inform HIW of the action taken to ensure that staff adopt stringent hand washing techniques so that people are protected from preventable healthcare associated infections.

The health board is required to provide HIW with details of how it will ensure that housekeeping staff adhere to infection prevention and control guidelines, particularly in instances when source isolation arrangements are in place.

The health board must describe the action taken to ensure that all staff are fully aware of the prompt and appropriate steps they need to take in the event of a needlestick injury.

The health board is required to inform HIW of the action to be taken to ensure that commodes are cleaned after each use; a label being attached in accordance with IPC guidelines.

Nutrition and hydration

General findings

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

We scrutinised the content of a sample of patients' records and found that their nutritional needs and physical ability to eat had been assessed and recorded; appropriate referrals being made to dietetics, as required. We did not, however, see evidence of a system in place to assist staff to easily identify patients who were unable to eat or drink independently (for example the use of a red tray system). Neither was this particular aspect of care recorded in patients' records.

Fresh drinking water was available and a choice of food was offered on a daily basis. We also saw staff assisting some patients to sit in an upright position to eat their food and providing items to protect their clothing.

We saw that food was well presented.

However, we found that patients were not offered the opportunity to wash/cleanse their hands prior to eating their meal.

Ward 12

We observed arrangements in place during patients' lunchtime on day two of our inspection and found the following:

- One patients' lunch was placed on their bedside table alongside a disposable urinal. This situation was not addressed for 25 minutes
- One patient, who required prompting to eat their meal, did not receive timely support. This meant that their food became cold
- Another patient with breathing difficulties required encouragement to eat, but there were no members of staff available to help
- A patient was seen trying to eat their food without having received assistance to sit in an upright position

A member of the inspection team highlighted the above issues and intervened as far as possible. We also provided timely feedback on these matters so that prompt action could be taken.

We did though; see that where staff were assisting patients to eat and drink, support was unhurried; staff speaking with patients to ensure that they were enjoying their meal.

Ward 19

The majority of patients receiving care within the ward were able to eat and drink independently during our inspection.

We saw that one patient's meal was served, but left unattended for approximately 20 minutes. The patient concerned was not present within the ward. This may mean that there was a lack of communication between housekeeping and ward staff.

We also observed a delay in the provision of support to a patient who was unable to eat their meal independently. This occurred at a time when staff were all engaged in other duties.

We did, however, hear one member of staff speak with a patient who hadn't eaten their meal; offering to provide them with soup as an alternative as they knew that the patient liked that. This approach is commended as it

demonstrated the efforts made by staff to ensure that the patient received adequate nourishment.

We also saw relatives assisting a patient to eat their meal.

Improvement needed

The health board is required to inform HIW of the action taken to ensure that patients are provided with the opportunity to wash their hands prior to eating their meal.

The health board must inform HIW of the action taken/ to be taken to ensure that patients' meals are placed within easy reach and/or not allowed to become cold.

The health board is required to provide HIW with details of how it will ensure that there are sufficient staff available to provide patients with assistance to eat and drink, in accordance with their needs.

Medicines management

General findings

We considered the arrangements in place associated with the safe administration of medicines and found that staff placed a focus on compliance with the health and care standards.

However, conversations with ward staff revealed that they were unsure of the timescales applied by the Health Board for the regular checking of Controlled Drug (CD) stocks/use. We were told that this was because there had been more than one change to local health board policy arrangements. We found that such checks generally took place on a fortnightly basis, which could result in a delay in the identification of any discrepancy.

We found that ward fridge temperatures were not generally monitored or checked. This may mean that the integrity of drugs stored in these areas could be compromised if temperatures were not maintained within the required range.

Both wards inspected were heavily reliant on the use of agency/bank nurses. Agency nurses were not permitted to collect prescribed medication from the out of hours facility. Neither were they permitted to collect or check blood products prior to transfusion. This meant that substantive registered nurses had to

request assistance from other wards at such times which could result in the delay to patients' care and treatment.

Ward 12

We looked at six patient's Medication Administration Records (MARs) and found that each of those had been completed in full.

Fridge temperatures were recorded, but not consistently and on a daily basis.

We saw that a patient's intravenous infusion had come to an end and that the health care support worker in that area of the ward at the time did not alert a registered nurse to the matter. This resulted in a 25 minute delay.

Ward 19

We found that the Controlled Drugs (CD) administration book and CD ordering book were stored on an open surface in the medicines room, the door of which was open during our visit. This meant that there was the potential for the books/room to be accessed by unauthorised persons.

Three patients' MARs were explored in detail. One showed gaps where there should have been signatures to verify that prescribed medication had been administered. No code had been applied to explain those omissions. We therefore could not be sure whether the patient had received their medication.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure the following:

- The secure storage of Controlled Drugs administration and ordering books respectively
- The regular checking of Controlled Drugs stocks and use, in accordance with the health board policy, which should be made clear to all staff
- The regular monitoring/recording of fridge temperatures within medicine storage areas
- The completion of patients' MARs and the application of an appropriate code at times when prescribed medication is not administered. This is in accordance with professional, health board guidelines and the Health and Care Standards

- A safe remedy in response to the fact that agency nurses are not permitted to obtain prescribed medication from the out of hours facility or to collect/check blood products
- The prompt and timely response to patients at times when intravenous infusion therapy comes to an end.

Safeguarding children and adults at risk

General findings

Staff told us that they received appropriate advice and support from the health board's DoLS⁶ team.

Ward 12

Entry to the ward was achieved through the use of a call bell; exit being achieved by pressing a door release button.

Registered nursing staff were aware of when a DoLS authorisation needed to be requested. At the time of our inspection, one person was subject to an urgent authorisation.

However, conversations with Health Care Support Workers (HCSWs) indicated that they had not received any recent training (that is, in the last 12 months), with regard to safeguarding, dementia care or DoLS. This had the potential to impact negatively on the delivery of safe and effective care to patients. The issue of staff training is highlighted further in the final section of this report entitled Quality of Management and Leadership.

⁶ The Deprivation of Liberty Safeguards (DoLS) are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only. The Mental Capacity Act allows restraint and restrictions to be used during the delivery of care-but only if they are in a person's best interests.

Ward 19

Visitors to the ward could enter/leave freely.

Whilst there were no patients subject to DoLS authorisations during our inspection we were made aware of arrangements that were in place to support patients on a 1:1 basis where individual needs were identified as being particularly complex.

Medical devices, equipment and diagnostic systems

General findings

We saw that staff had access to minimal handling equipment and suitable patient mattresses.

Ward 12

We found that minimal handling equipment (two hoists) contained labels which indicated that maintenance should have taken place during January 2018. There was no evidence, however, that this had been undertaken. We also found that a visual check of a hoist sling had not been completed since June 2016. This meant that we could not confirm whether equipment was safe and fit for purpose.

Staff also told us that they had experienced great difficulty in obtaining the recent repair and maintenance of the ward weighing scale. This had impacted on the ability of the ward team to check and monitor the body weight of vulnerable patients.

Improvement needed

The health board is required to provide HIW with details of the action taken/to be taken to ensure that all minimal handling equipment is subject to regular maintenance and visual checks. This is, in order to ensure the health, safety and well-being of patients and staff.

The health board is required to inform HIW of the action taken to ensure that ward requests for repair and maintenance, are completed in a timely way. This is in order to ensure that patient care is not compromised.

Effective care

Safe and clinically effective care

General findings

We scrutinised a sample of patient records in both wards and found there was an absence of the use of pain assessment tools. In addition, the health board's annual quality assurance report (2016/17-page 24) cited a pledge to develop and use a specific pain assessment tool when caring for people with cognitive impairment. This meant that there was no means of assessing, monitoring or evaluating the effectiveness of prescribed analgesia. This matter has been brought to the attention of the health board during previous HIW inspections.

The health board has since provided us with their intended action in relation to the management of patient's pain. Had HIW not received such information, this would have been included in the overarching improvement plan at Appendix C of this report.

We found that there was a system in place to support the provision of safe and effective care (for example-intentional rounding⁷).

However, conversations with Healthcare Support Workers (HCSWs) indicated that there were many occasions when they felt they had insufficient time to provide care safely. This was because many patients required the assistance of two members of staff for repositioning, for aspects of personal care and for safe transfer from bed to armchair. It was often the case that a HCSW needed to wait for assistance from a registered nurse to support patients in this way. Visiting healthcare professionals also described similar situations to the above, stating that patients would request assistance from them on their arrival to the wards, as the registered nurses were unable to respond to them due to competing priorities. This therefore impacted on patients' dignity and on the ability of staff to provide care in a timely way. Reference to the impact of staff insufficiency is made in the next section of this report entitled Quality of Management and Leadership.

⁷ Intentional rounding is a structured approach whereby nurses conduct checks on patients at set times to assess and manage their fundamental care needs.

Ward 19

We found that daily conversations took place with Consultant medical staff and other healthcare professionals responsible for patients' care. This was in order that accurate, relevant information about individuals was shared and understood.

Quality improvement, research and innovation

Ward 19

Discussions with the ward manager revealed that the team, together with medical staff, were members of the Quality Improvement Group convened and led by one of the Consultant medical staff. Current initiatives included:

- The use of falls stickers on patients' notes (following risk assessment), to highlight the need for pro-active measures to prevent falls (for example, blood pressure checks, ensuring that patients' footwear was appropriate, securing the involvement of physiotherapy and occupational therapy staff in patients' care)
- A ward based means of capturing patients' views about their experiences of receiving care

Record keeping

General findings

Patient care information was found to be recorded in three separate places (medical notes, nursing notes at the bedside and information held at the nurses' station). Substantive staff we spoke with did not find this arrangement to be difficult in any way, however, new agency/bank staff may find this confusing.

We saw that Do Not Actively Resuscitate (DNAR) decisions were fully documented; clearly showing patient and family involvement. We also saw evidence of the multidisciplinary contribution toward patients' care within medical case notes.

Ward 12

We scrutinised the content of six patient records in depth (medical and nursing). In all cases, patient records contained sufficient detail to assist the staff team to understand the needs of the patients concerned.

Ward 19

We considered the content of four patient records in depth (medical and nursing), and the nursing records only, associated with a further two people. As a result, we found that plans of care had not been updated since November 2017 and the completion of food and fluid charts was inconsistent. This meant that elements of patients' needs may be unmet.

Daily care records did though, assist, with obtaining a view of the care being delivered.

We saw that daily entries within (bedside) care records had been dated and the time of care provision recorded. However, whilst staff added their initials to people's records, signatures were not always present. This was not in-keeping with 10.4 of the NMC Code⁸.

Improvement needed

The health board is required to inform HIW of the action taken/to be taken to ensure that patient's care plans are regularly updated and evaluated. This is, in order that care, treatment and decision making is supported by accurate record keeping.

The health board is required to describe how it will ensure that staff apply their signatures each time entries are made into patient's records. This is, in accordance with professional standards and guidelines.

⁸ The NMC Code contains the professional standards that registered nurses and midwives must uphold.

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 visit and staff were striving to deliver high quality safe and effective care to patients within an extremely busy clinical environment.

We found evidence of good leadership and management within both clinical areas inspected, the ward manager in one, being fairly new to their role.

However, based on the level of patient acuity and complexity of needs, combined with our overall inspection findings, there was evidence to suggest that staffing levels and skill mix were not appropriate to the identified needs of patients in receipt of care and treatment.

It is of concern that most staff completing HIW's staff questionnaire felt that the health board was not supportive and that they were not empowered to speak up and take action when issues arose. Furthermore, there is the potential for ongoing issues with staff sufficiency to impact on the health, safety and wellbeing of staff.

Governance, leadership and accountability

General findings

Staff told us that every effort was made to hold ward meetings on a monthly basis; discussions being held about issues such as hand hygiene and fire safety. Action would then be agreed and undertaken as needed, to address any improvements identified.

We were informed that bi-monthly meetings were held between the senior nurses and ward teams, reverting to monthly meetings at times when patients' needs/acuity were considered to be at a high level. Such meetings were used to discuss patient safety matters and to share information that was relevant to the delivery of care and treatment to patients.

A member of the inspection team attended two separate health board meetings. The first was devoted to the multidisciplinary review of all patients receiving care within a number of wards; discussions focussing on safe discharge arrangements and the prompt resolution of associated challenges. The second meeting was held between senior NHS and local authority staff to discuss discharge matters and the need for complex care packages in the community. Both meetings provided evidence of collaborative/joint working, together with a focus on responding to patient's wishes and preferences.

We found there was no formal process in place for senior nurses to work within their respective clinical areas, although they did tell us that they worked within the wards at times. Discussions with senior nurses and other staff also confirmed that senior nurses were visible; visiting wards on a daily basis.

We did not explore any evidence in support of completed audit activity during this inspection due to the need to focus on matters relating to staff sufficiency within both wards visited. We did, however; consider the number and nature of significant incidents that occurred within both clinical areas and the process in place for their prompt recording, reporting and investigation and found that appropriate action had been taken.

The majority of staff who completed a HIW questionnaire (we received eight in total), said that their immediate line manager encouraged them to make suggestions to improve the work of their team or department.

However, most of the staff who completed a HIW questionnaire indicated that their organisation (the Health Board) was never supportive, and that front line professionals who dealt with patients were not always empowered to speak up and take action when issues arose, in line with the requirements of their individual professional conduct and competence.

Three staff who completed a questionnaire told us that they would not recommend the organisation as a place to work, and said that they would not be happy with the standard of care provided by the organisation if a friend or relative needed treatment.

A member of staff also provided the following comment:

“Senior Managers seem to bury their heads in the sand and ignore staff complaints”

We held conversations with a number of patients/relatives and permanent and agency ward staff; this being an integral element of our inspection process. Without exception, all staff expressed their views in a professional manner with a view to highlighting the challenges they faced on a day to day basis. Such issues included the following:

- Patients and their relatives told us that staff always appeared to be rushed, and staff were regularly delayed in responding to them. They also said that staff were often unable to take time to listen to them. They did however; state that when staff were able to spend time with them, the care received was very good. Relatives also commented on the lack of consistency in relation to the staff working within the wards
- Ward managers were open about their concerns for the health and welfare of their staff during what has been a prolonged period of staff insufficiency
- On the first day of our inspection, an agency nurse who had been secured to work within one of the wards, left shortly after their arrival. This was because they were concerned about their realistic ability to fulfil their duties in the face of existing staff insufficiency and the complexity of patients' needs. This resulted in the inability of the newly appointed ward manager to lead and co-ordinate services within the ward; having to take responsibility for providing care to six patients
- Whilst the ward teams welcomed the additional support from HCSWs, by virtue of their role and level of skill, they were limited in their ability to assist with the delivery of care to patients with complex needs. This situation also resulted in inappropriate skill mix
- Staff told us that there were occasions when they would work for their required 12 hour period without having been able to take designated breaks. Neither had they been able to have anything to drink. This has the potential to affect the health, safety and well-being of staff
- Staff who spoke with us said that there had been many informal and formal attempts at escalating concerns about staffing levels from ward teams, to senior managers (in accordance with point 2 of the Nursing and Midwifery Council (NMC) guidance (Raising and escalating concerns) which had not resulted in timely

feedback/explanation. This had added to pre-existing (stated) low morale

- Teamwork within both wards was negatively affected by staff insufficiency and the constant change in the composition of the clinical team. This resulted in reduced peer support and may result in patient's needs not being met
- Prior to this inspection, the local Community Health Council had made HIW aware of a number of staff concerns following their visit to the hospital during November 2017

Conversations with a student nurse, did however demonstrate that they had been allocated a mentor to assist with their learning experience; staff in general also being very supportive of them.

Improvement needed

The health board is required to provide HIW with details of how it will ensure that there is active promotion of the health and wellbeing of staff in the short, medium and long term.

The health board is required to inform HIW of the action taken/to be taken to ensure that ward teams are able to access opportunities to develop effective team working.

The health board is required to provide HIW with details of the action taken/to be taken to ensure that appropriate support and feedback is provided to health staff in the aftermath of any concerns/issues raised, in relation to the delivery of safe and effective care to patients.

Staff and resources

Workforce

General findings

We found that there were 57.26 full time equivalent registered nurse vacancies at the Royal Glamorgan hospital at the time of our inspection. Of that number, 6.40 related to Ward 12 and 6.73 related to Ward 19.

As a result, both wards were heavily reliant on a high percentage of agency/bank nurses and HCSWs to assist with providing care to patients; every

attempt being made to secure the same group of nurses/support workers to bring about a level of consistency to the clinical areas concerned.

Where it wasn't possible to secure registered nursing staff, the health board provided both wards with an increased number of health care support workers (HCSWs) to try and assist, as far as possible. However, due to the ongoing unpredictable, complex needs of patients on both wards, HCSWs were limited in their role; additional work having to be undertaken by existing registered nurses.

The above longstanding issues were reported by staff, to have existed for approximately 12 months, and had resulted in reduced team-working and increased pressure on substantive registered nurses. This was because permanently employed registered nurses constantly needed to support agency nursing staff to become familiar with local health board practice. In addition, agency nursing staff were often unable to fulfil their role, as they were unable to undertake a number of care interventions which included blood glucose testing (in respect of diabetic patients), could not obtain medication from the hospital out of hours facility, and in some instances, could not administer intravenous medication. This may have impacted negatively on the delivery of safe, prompt and effective care.

We found that the use of volunteers to support patients within the clinical areas visited was sporadic, with no firm plans to alter this arrangement in the foreseeable future.

We considered a range of information provided by the health board in relation to:

- The use of agency staff (registered nurses and healthcare support workers)
- The use of health board bank staff
- Ward staff deficits, where registered nurses were unavailable to deal with gaps in ward rotas, there was a reliance on increasing the number of healthcare support workers on duty
- Staff sickness levels between 2016 to the present

Based on the level of patient acuity and the complexity of their needs, combined with our overall inspection findings, there was evidence to suggest that staffing levels and skill mix were not appropriate to the identified needs of patients in receipt of care and treatment.

Appraisal and Training

General findings

Senior managers and ward staff confirmed that there was a staff appraisal process in place which assisted with determining ongoing training needs. However, ward managers did not have sufficient time to complete those necessary one to one discussions, or to complete individual staff records electronically. We also found that staff were rarely able to be released from their clinical duties to attend mandatory/other relevant training due to staff insufficiency and patient acuity.

The majority of staff who completed a HIW questionnaire stated that the last time they had undertaken training or learning and development in areas such as health and safety, and the privacy and dignity of older people, was more than 12 months ago. Staff also indicated that the training or learning and development they had completed to date helped them to stay up to date with professional requirements and ensured that they delivered a better experience for patients.

Only one staff member who completed a questionnaire told us that they hadn't had an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in such meetings; staff told us (within the HIW questionnaires) that their immediate line manager supported them to achieve those needs as far as possible.

We were though, made aware that there was a Practice Educator in place; a 12 month training programme having been developed for newly qualified nursing staff.

Our overall findings at this inspection resulted in HIW issuing the health board an immediate assurance letter. This meant that the health board had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The health board has since supplied HIW with a response, the content of which can be seen in Appendix B of this report.

Improvement needed

The health board is required to describe how it will ensure that its workforce:

- Maintains and develops competencies to meet patients' needs

- Attends induction and mandatory training programmes

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, measureable, 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
None identified at this inspection.			

Appendix B – Immediate improvement plan

Hospital: Royal Glamorgan Hospital

Ward/department: Wards 12 and 19

Date of inspection: 13 and 14 March 2018

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
<p>We found that on-going, pro-active recruitment drives had failed to secure sufficient numbers of registered nurses in accordance with the agreed composition of the ward teams. In addition, staff retention within the wards inspected, needed to be improved significantly.</p> <p>Whilst it is acknowledged that the health board had a formal and established process for the overall management of safe staffing levels (which aimed to provide the best staff cover possible at all times), we found that senior nurse</p>	7.1 Workforce	In preparation for the Nurse Staffing (Wales) Act (NSWA), the Assistant Director of Nursing, Deputy Chief Operating Officer and Assistant Director of Finance have led on a monthly meeting with the Head of Nursing, Senior Nurse and Ward Manager to discuss the nurse staffing level across all acute medical and surgical wards. The meeting is supported by the Rostering Manager, Nurse Bank		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>managers faced the daily challenge of moving staff from one clinical area to another at short notice.</p>		<p>Manager and Assistant Director of Workforce and OD. Using professional judgement, Ward Managers for both Wards 12 and 19 have agreed that the budgeted establishment for these areas meet the required nurse staffing level for the ward (see attached budgeted establishments for Wards 12 and 19).</p> <p>Wards 12 and 19 meet the CNO Guiding Principles with the exception of 100% supernumerary status of Ward Managers (attached July '17 and Jan '18 submissions to CNO). Supernumerary time for Ward Managers is currently set at 50% and has been highlighted as a cost pressure in both the February 2018 Executive Team and the March Board papers in relation to compliance with the WNSA (see attached February Executive Team</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>paper).</p> <p>The current Registered Nurse vacancy factor on Wards 12 (6.4 wte) and 19 (6.73 wte), coupled with sickness rates of above 5.2% (Ward 12 - 14% and Ward 19 - 13%) has meant that both areas have relied on increased use of the temporary nursing resource i.e. Bank, Agency, additional hours and overtime (see attached Staff Utilisation Reports which include Bank, Agency, additional hours and overtime for Wards 12 and 19).</p> <p>In order to manage nurse staffing requirements on a day to day basis, Ward Managers and Senior Nurses use the attached Escalation Checklist. Nurse staffing levels are discussed 3 times per day at the Bed Management Meeting.</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>(a) The health board has taken the following immediate action to improve the nurse staffing level on both Ward 12 and 19:</p> <p>2 WTE Registered Nurses have been moved from AMU to Ward 12</p> <p>1 WTE Registered Nurse has been moved from A&E to Ward 19</p> <p>This action will equalize the vacancy factor across the Medical Directorate</p> <p>In addition it has been agreed that a more experienced Senior Nurse will provide leadership to Ward 12</p> <p>In order to improve the nurse staffing level across the health board and particularly the Royal Glamorgan site, the health board has:</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>-Undertaken a number of recruitment events (see attached as an example)</p> <p>-Attended a number of national recruitment fayres (Birmingham, Bristol and Dublin during 2017)</p> <p>-Improved the partnership working with the University of South Wales and developed a Career Contact concept to support students through the recruitment process (see attached flyer for Career Contacts)</p> <p>-Developed a recruitment plan for the overseas students who are undertaking the Masters in Professional Practice in the University of South Wales. Eleven experienced overseas nurses have been interviewed and offered posts in the Royal Glamorgan Hospital. Three have successfully received a</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Tier 2 visa and the remaining nurses are awaiting a decision from the Immigration Office. These nurses have an average of 6 years post registration experience in their own country and will be employed at Band 4 and supported through ILETs and OSCIs to achieve registration with the NMC when they will automatically be paid at Band 5</p> <p>The health board is developing a Retention Strategy and Action Plan (see latest draft attached)</p> <p>Recruitment and retention is monitored and reported through the monthly Nurse Workforce Group (see attached example minutes and meeting agendas)</p> <p>Retention on Ward 12 RGH</p> <p>6 registrants left this ward and CTUHB within the past 18 months, 4</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>to other UHB's, 1 to the private sector and 1 to General Practice.</p> <p>4 registrants left this ward to work in other areas of CTUHB, 1 to another medical ward in RGH, 1 to a locality hospital, 1 to community nursing and 1 to emergency nursing.</p> <p>Retention on Ward 19 RGH</p> <p>4 registrants left this ward and CTUHB within the past 18 months, 1 retired, 1 to the private sector, 2 to other UHB's.</p> <p>2 registrants left this ward to work in other areas on CTUHB, both moved to rehabilitation medicine.</p> <p>(b) In accordance with the Retention Strategy and Action Plan, we will work in partnership with workforce & OD colleagues to ensure that staff experience is captured across</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Wards 12 and 19. We will also undertake further review of exit interviews to identify any additional actions that could be taken to support staff in post.		
<p>In addition, both wards had been for some time, and were still, operating through the use of high levels of agency staff (39% to 44% for the month of January 2018). Agency staff were being used to provide cover for a large number of long term registered nurse vacancies, unforeseen sickness and a degree of long term staff absence. The use of agency staff was noted to be significantly higher within acute medicine, as opposed to other areas of the hospital. Staff stated that the period of time that this situation had prevailed was in the region of 12-18 months.</p>	7.1 Workforce	<p>All Acute Medical and Surgical wards undertake a bi-annual audit using the Adult Acuity Tool. The January audit (attached) has shown that both wards are using higher than desired levels of the temporary nursing resource. Every attempt has been made to fill the Registered Nurse gaps within rotas through such things as block booking of Agency to provide continuity of care for our patients, overtime and additional hours but where this has not been possible, Ward Managers have requested additional Health Care Support Worker shifts. The</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>data confirms this approach and demonstrates how additional numbers of HCSWs have been deployed on both Wards 12 and 19.</p> <p>An attached report from the electronic rostering system shows that between January 2018 to the present date, Wards 12 and 19 have been consistently over-staffed although the skill mix may not always be that which is required.</p> <p>As described in Point 1, sickness rates are above target range (see attached sickness data for Wards 12 and 19). Regular sickness audits are undertaken and the management of sickness is a fixed agenda item on our Nursing Workforce Group work plan.</p> <p>There is a plan in place to reduce RN sickness by 1% and HCSW</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>sickness by 2% through education of managers, sickness audits and an executive led scrutiny process on areas with the highest levels.</p> <p>There is no evidence to support that either ward has long term staff absence related to anything other than sickness across either area.</p>		
<p>Discussions with senior managers and staff revealed that there was a lack of clarity and agreement with regard to the health care procedures and interventions that agency staff were allowed/able to perform, (for example, administration of intravenous medication, obtaining medication out of hours and undertaking capillary blood samples from diabetic patients). This meant that substantive registered nurses needed to undertake a larger proportion of the delivery of care to patients. They also needed to provide some agency staff</p>	<p>7.1 Workforce</p>	<p>There is an on-going piece of work within the health board to provide clarity on what Agency Nurses are able to do within the clinical area.</p> <p>Agency Nurses receive an induction when they attend a new clinical area (attached).</p> <p>There has been a delay in developing guidelines for ward staff due to a recent change in</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>with a great deal of support which placed them under increased pressure. This situation is ongoing and is clearly having a negative effect on teamwork and staff wellbeing and morale within both wards.</p>		<p>management arrangements within the Nurse Bank.</p> <p>(c)The health board will ensure that guidelines around the role of Agency Nurses are issued for ward staff.</p> <p>Every attempt has been made by the health board to “block book” Agency Nurses in order to enhance continuity of patient care wherever possible.</p>		
<p>We found that the health board had provided both wards with an increase in Health Care Support Workers to assist with the provision of care to patients with fluctuating acuity and complex needs.</p> <p>The consequences/outcome of the above long standing situation were:</p>	7.1 Workforce	Please see Point 2		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Care giving appeared to be chaotic, staff needing to hurry from one patient to the next. This not only had the potential to impact on the delivery of safe and effective care, but had the effect of poor record keeping and monitoring of patients' needs. This is at odds with professional guidelines for record keeping and the Nursing and midwifery Code, points 10.1 and 10.2</p>		<p>Health Inspectorate Wales raised 3 issues at the feedback session relating to poor record keeping. Our attention was brought to a missed signature on a patient medication chart (Health & Care Standard 2.6), failure to note whether a patient's position had been changed in accordance with care outlined in the skin bundle (Health and Care Standard 2.2) and failure to note a patient's pain as per plan of care (Health and Care Standard 4.1).</p> <p>This is unacceptable as outlined by HIW and the health board will:</p> <p>(d) Develop a Ward to Board Assurance Framework and report back to the regulator</p> <p>(e) In the interim, the health board will ensure that Ward Managers and Senior Nurses undertake a weekly</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Care giving was less effective and less prompt than it would be with the presence of a stable</p>		<p>check of 6 medication charts, 6 skin bundle documentation charts and 6 records of pain management and action any anomalies directly with staff.</p> <p>(f) Review the training delivered to ward staff on pain management to ensure that it contains the Abbot Pain Scale or another evidence based pain assessment tool to be used in patients who suffer with cognitive impairment.</p> <p>(g) Ensure that all ward staff across Wards 12 and 19 are trained and/or receive and update training session in tissue viability, medicines management and pain management.</p> <p>(h) With regard to the monitoring of patient's needs and issues that HIW observed in relation to nutrition and</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>staff team. On-Ward 12 in particular we observed one patient's food being placed out of reach, with the food becoming cold. In another instance there was a lack of prompting and encouragement for a patient with dementia, to eat. We were also made aware of a patient being left on a commode for approximately 40 minutes, and an intravenous infusion which had come to an end did not receive attention for a period of approximately 20 minutes</p> <p>We were made aware of a recent increase in verbal/informal concerns in relation to the clinical areas inspected</p>		<p>hydration (Health and Care Standard 2.5) the health board will ensure that these instances of failure to provide a satisfactory standard of patient care are reported back to the ward staff</p> <p>(i) The health board will ensure that staff on Wards 12 and 19 receive an update training session on Health Care Standard 2.5, Nutrition and Hydration</p> <p>The health board was unaware of an increase in verbal informal concerns and immediately reviewed the data. We found that there has been no increase in the numbers of informal concerns reported to our PALS service. These remain very low with 3 reported in Ward 12 and</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Ward staff faced considerable difficulty in securing release from their clinical duties to complete mandatory/relevant training. This had the potential to impact further on the competence and confidence of the ward teams.</p> <p>□ Staff were receiving appraisals, but ward managers had very limited time available to update electronic staff records (ESRs). This meant that the health board is unlikely to have an accurate picture of this element of the workforce.</p>		<p>6 in Ward 19 since January 18</p> <p>The relevant mandatory training brought to the attention of HIW was manual handling. Compliance with this training was checked and found to be:</p> <p>Ward 12 - 83%</p> <p>Ward 19 - 76%</p> <p>(j) The health board will seek to improve manual handling training to achieve a target compliance of 95%</p> <p>Appraisal rates on the wards, as reported by Ward Managers are as</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>follows:</p> <p>Ward 12 - 54%</p> <p>Ward 19 – 63%</p> <p>(k) There is a need to address the barrier to effective use of the ESR system and in the first instance Ward Managers on Wards 12 and 19 will receive refresher training</p> <p>(l) There is a need to see an incremental improvement in PDR compliance to 85% by the end of July 2018</p>		
<p>Ward managers work in a supernumerary capacity for two of their five shifts each week only. This does not enable them to utilise their considerable skills in leading and managing their clinical areas/teams as effectively as possible</p>	<p>7.1 Workforce</p>	<p>Please see Point 1</p> <p>(m) The health board has outlined the need to increase Ward Managers across acute medical and surgical wards to 100%</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>At times when patient acuity increases significantly, there is no commensurate increase in numbers of registered nurses to either ward. This means that patients' needs may not be met. In addition, such situations may impact negatively on the health and wellbeing of staff who are working very hard to sustain services to patients.</p>		<p>supernumerary status within its future financial planning. This is reflected in the IMTP. The Director of Nursing will update HIW on an incremental plan to achieve this. This will also be linked to recruitment and retention strategies as noted previously.</p> <p>The deficit in skill mix across both Wards 12 and 19 is outlined in point 1 above. There is a national shortage of Registered Nurses which is impacting significantly on our ability to recruit. Wherever possible RN hours are backfilled with Bank, Agency. Additional hours and overtime. Our recruitment and retention strategy is outlined above as well as the immediate actions that we are taking to improve the nurse staffing level on Wards 12</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>A small number of relatives told us that they remained at the hospital for long periods as they were concerned that staff would not be able to provide their family member with a sufficient level of care in their absence (Ward 19)</p>		<p>and 19. Two Student Nurses have specifically requested to work on ward 12 when they register in September which is testament to the positive culture of care.</p> <p>Please see action (b) related to understanding staff experience</p> <p>The health board are extremely concerned with this feedback and whilst we encourage families to stay with their loved ones in order to support care delivery in line with John's Campaign, we are saddened to hear that relatives feel that they need to stay as they are concerned for their family member.</p> <p>(n) An urgent piece of work will take place with the Patient Experience</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		Team in order to understand this issue further and to identify improvement actions as appropriate.		
<p>The health board is required to provide HIW with a full description of the action taken/to be taken with regard to the above findings. This should include reference to operational management as well as the health board's governance arrangements to review whether staffing levels are appropriate to the needs of patients at all times.</p>	7.1 Workforce	<p>There is a clear line of sight from the Board to the recruitment challenges and the actions being taken. The relevant groups within the organisation charged with driving improvement in recruitment and retention include staff partnership (TU) representatives who are fully engaged in the process. We also provide regular progress updates to the Cwm Taf Community Health Council.</p> <p>The Board receives regular reports on vacancies in public with detailed scrutiny undertaken at the FP&W Board Sub Committee.</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Hospital: Royal Glamorgan Hospital

Ward/department: Wards 12 and 19

Date of inspection: 13 and 14 March 2018

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				
1. a. The health board is required to inform HIW of the action taken to ensure that each patient has a bedside chair for their personal use, during their in-patient stay. b. The health board is required to provide HIW with details of the action taken to ensure that patients have easy access to a call bell to request assistance from staff.	4.1 Dignified Care	1. 50 Bedside chairs were ordered on 22 nd March 2018. a. The Head of Nursing has arranged to audit every acute ward across the hospital to ensure that every patient has a bedside chair. All Ward Managers have been advised of the process to order new chairs as needed. b. The Head of Nursing has arranged to audit every bed across the acute wards to ensure that every patient has a	a, b, c Head of Nursing	31 st MAY

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>working call bell. She has also ordered new clips to attach the call bell to the bed sheets.</p> <p>c. Both the above will be re-audited on a three monthly basis from 31st May 2018</p>		
<p>2.</p> <p>a. The health board is required to provide HIW with details of how it will ensure that people receive full and accessible written information about their healthcare conditions in accordance with the Health and Care Standards.</p> <p>b. The health board is required to inform HIW of the action to be taken to ensure that patient information (currently held within PSAG boards), is made known to staff via a more discreet system of information sharing.</p>	4.2 Patient Information	<p>2.</p> <p>a. The Medical wards within the Royal Glamorgan hospital have a number of different specialities. However we will ensure that during the admission, information on the patient's illness or condition will be provided by contacting the relevant specialist nursing team.</p> <p>b. The Head of Nursing will ensure that there is no patient identifiable information on Patient Status At a Glance board and that the symbols that represent care needs are in place.</p>	<p>a</p> <p>Head of Nursing</p> <p>B</p> <p>Head of Nursing</p>	<p>30th JUNE</p> <p>31st MAY</p>
<p>3. The health board is required to describe the action taken/to be taken to enable patients and their families to understand their rights in terms of raising concerns/complaints about NHS care.</p>	6.3 Listening and Learning from feedback	<p>3. The Head of Nursing will work with the Patient Experience and the PALS teams to ensure that there are ample leaflets on every acute ward area that provide information on Cwm Taf's concerns &</p>	Head of Nursing	31 st MAY

Improvement needed	Standard	Service action	Responsible officer	Timescale
		complaints procedure. We will also ensure that every ward has a poster that informs patients and their relatives of this process.		
Delivery of safe and effective care				
<p>4.</p> <p>a. The health board is required to inform HIW of the remedial action taken to ensure that the toilet/shower area within Ward 12 is operational and fit for patient use.</p> <p>b. The health board is required to provide HIW with details of the action taken/ to be taken to rectify the faulty call indicator/light above the door of Bay 2-Ward 19.</p>	2.1 Managing risk and promoting health and safety	<p>a. The shower is now operational and fit for patient use.</p> <p>b. The call indicator / light above the door of Bay 2, Ward 19 is now working.</p>	<p>a, b</p> <p>Head of Nursing</p>	Completed
<p>5. The health board must provide HIW with details of how it will ensure that regular re-positioning; turning and appropriate self-care arrangements are clearly recorded to demonstrate that patients are being helped to avoid pressure and tissue damage.</p>	2.2 Preventing pressure and tissue damage	<p>5. Ward staff are fully aware of their responsibilities in terms of standard 2.2 and the Head of Nursing will ensure that this is monitored on a monthly basis through the Ward to Board Assurance Framework.</p>	Head of Nursing	31 st MAY

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>every Ward Manager has a copy of the Commode Bundle and that this is re-communicated to all Ward Staff. The cleanliness of commodes will be monitored by Senior Nurses through the Ward to Board Assurance Framework and through Environmental audits (as above).</p>		31 st MAY
<p>7.</p> <p>a. The health board is required to inform HIW of the action taken to ensure that patients are provided with the opportunity to wash their hands prior to eating their meal.</p> <p>b. The health board must inform HIW of the action taken/ to be taken to ensure that patients' meals are placed within easy reach and/or not allowed to become cold.</p> <p>c. The health board is required to provide HIW with details of how it will ensure that there are sufficient staff available to provide patients with assistance to eat and drink, in accordance with their needs.</p>	2.5 Nutrition and Hydration	<p>a. The Head of Nursing will ensure that Ward Managers re-communicate the need for patients to wash their hands prior to eating a meal. This will be monitored through the Ward to Board Assurance Framework.</p> <p>b. The Head of Nursing will re-communicate the need for patient meal to be within easy reach and are not allowed to become cold to the Ward Manager who will inform staff. This will be monitored through the Ward to Board Assurance Framework.</p> <p>c. Please refer to Appendix B of the Immediate Action Plan. There are now 4.44 registered nurse and 5.79 registered nurse vacancies on Wards 12 and 19. With a further 3 WTE</p>	<p>a, b, c</p> <p>Head of Nursing</p>	31 st MAY

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>joining the Ward 12 team, 2 WTE in June 2018 and 1 WTE in September 2018 and a further 3 WTE joining the Ward 19 team, 1 WTE in September 2018 and 2 WTE in March 2019. Bank, Agency and Overtime are authorized and booked to ensure that the wards meet their nurse staffing requirements. The Head of Nursing and ADoN will undertake a further review of vacancies across the site in a bid to further re-balance the workforce. The Deputy COO will be involved in this process.</p>		
<p>8. The health board is required to provide HIW with details of the action taken/to be taken to ensure the following:</p> <p>a. The secure storage of CD administration</p> <p>b. and ordering books respectively</p> <p>c. The regular checking of CD stocks and use, in accordance with the health board policy, which should be made clear to all staff</p> <p>d. The regular monitoring/recording of fridge temperatures within medicine storage areas</p> <p>e. The completion of patients' MARs and the</p>	<p>2.6 Medicines Management</p>	<p>8.</p> <p>a. The Head of Nursing can assure HIW that all CD administration and ordering books are now managed according to best practice.</p> <p>b. The Health Board policy is being updated to reflect this.</p> <p>c. The Head of Nursing can assure HIW that CD stocks are now checked weekly according to policy.</p> <p>d. The Head of Nursing can assure HIW</p>	<p>a, c, d, e, f, g</p> <p>Head of Nursing</p> <p>b</p> <p>Head of Pharmacy</p>	<p>Completed</p> <p>30th SEPT</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>application of an appropriate code at times when prescribed medication is not administered. This is in accordance with professional, health board guidelines and the Health and Care Standards</p> <p>f. A safe remedy in response to the fact that agency nurses are not permitted to obtain prescribed medication from the out of hours facility or to collect/check blood products</p> <p>g. The prompt and timely response to patients at times when intravenous infusion therapy comes to an end</p>		<p>that fridge temperatures are now being monitored daily according to the Health Board Policy.</p> <p>e. This will be monitored through the new Ward to Board Assurance Framework which will commence at the end of May.</p> <p>f. The Head of Nursing is confident that there are enough substantive registered nurses who are fully trained and assessed as competent to access blood products and medication from the Out of Hours facility.</p> <p>g. The Head of Nursing will remind all Ward Managers about the importance of re-educating staff on the management of I.V. Therapy and ensuring that this is always communicated to patients.</p>		<p>31st JULY</p> <p>Complete</p> <p>31st MAY</p>
<p>9.</p> <p>a. The health board is required to provide HIW with details of the action taken/to be taken to ensure that all minimal handling equipment is subject to regular maintenance and visual checks. This is, in order to ensure the health,</p>	<p>2.9 Medical devices, equipment and diagnostic systems</p>	<p>9.</p> <p>a. The Head of Nursing will remind all acute Ward Managers about the process for the management of Manual handling equipment. The Ward Manager will re-communicate</p>	<p>a, b</p> <p>Head of Nursing</p>	<p>31st MAY</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>with details of how it will ensure that there is active promotion of the health and wellbeing of staff in the short, medium and long term.</p> <ul style="list-style-type: none"> b. The health board is required to inform HIW of the action taken/to be taken to ensure that ward teams are able to access opportunities to develop effective team working. c. The health board is required to provide HIW with details of the action taken/to be taken to ensure that appropriate support and feedback is provided to health staff in the aftermath of any concerns/issues raised, in relation to the delivery of safe and effective care to patients. 	Accountability	<p>are either in place or under development to improve the well-being of staff. In the short term a number of the workforce and O.D team is visiting all areas across the Royal Glamorgan Hospital to gain news of staff on their workplace experience. This will inform further activities and programmes to improve Health and Well-being. A number of focus groups have been held throughout the spring where staff were invited to come and share news & concerns with senior colleagues from the workforce, O.D & corporate nursing.</p> <ul style="list-style-type: none"> b. The Staff Survey is currently being analysed with a view to developing further methods of supporting staff. c. The Health Board has recently developed the “Assist Me” model to support staff following an adverse event. This is a post incident support pack for management and staff, the Head of Nursing will ensure this is re-communicated and fully implemented. 	Head of Nursing	30 th JUNE

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>12. The health board is required to describe how it will ensure that the workforce:</p> <ul style="list-style-type: none"> a. Maintains and develops competencies to meet patients' needs b. Attend induction and mandatory training programmes 	7.1 Workforce	<p>12.</p> <ul style="list-style-type: none"> a. The Health Board commends itself for the education development that it offers to its staff. There is a Health Care Support Worker Framework in place and Registered Nurses benefit from a post-registration contract with the University of South Wales. b. All staff attend the Health Board induction and the Head of Nursing can assure HIW that the statutory and mandatory training compliance is monitored on a monthly basis through the Directorate Business Meeting. Staff have annual PDR's, the compliance for ward 12 is 54% and Ward 19 is 63%. The Head of Nursing will ensure this reaches 95% by the end of October 2018. 	Head of Nursing	31 st October

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print):

Job role:

Date: