

Hospital Inspection (Unannounced)

**Powys Teaching Health
Board:**

**Knighton Hospital
(Panpwnton);**

**Brecon War Memorial
Hospital (Epynt).**

Inspection date: 10 and 11 August 2016

Publication date: 16 December 2016

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
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Methodology.....	3
3.	Context.....	5
4.	Summary.....	6
5.	Findings	8
	Quality of the Patient Experience	8
	Delivery of Safe and Effective Care.....	12
	Quality of Management and Leadership.....	23
6.	Next Steps	27
	Appendix A	28
	Appendix A.....	38

1. Introduction

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

HIW's primary focus is on:

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of two wards of the community directorate within Powys Teaching Health Board on the 10 and 11 August 2016. The following hospital sites and wards were visited during this inspection:

Knighton Hospital

- Panpwnton ward

Brecon War Memorial Hospital

- Epynt ward

Please note that for the remainder of this inspection report we will refer only to Panpwnton and Epynt for ease of reading.

2. Methodology

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

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

Figure 1



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

- **Quality of the Patient Experience:**
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of Safe and Effective Care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the inspection of the Community Hospital / Elderly Care Directorate within Powys Teaching Health Board, comprised of three HIW Inspection Managers, three Clinical Peer Reviewers and two Lay Reviewers.

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

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

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

3. Context

Powys teaching Health Board (Powys tHB) covers a quarter of the landmass of Wales; it is however the most sparsely populated Health Board area. Within the Health Board, there are a total of 9 inpatient facilities providing community and rehabilitation care to patients. The Health Board commission acute care services from neighbouring health boards (both Wales and England) and return patients for rehabilitation and recuperation in their own hospitals.

Panpwnton Ward

Panpwnton at Knighton hospital is a 13 bedded inpatient ward (at the time of inspection open to 10 patients). The medical needs of patients are overseen by one local GP Practice. The GP's call daily during the week and the hospital uses the local Shropdoc (out of hours) service for evenings and weekends. There is a mixture of single and multi bed rooms.

Epynt Ward

Epynt at Brecon War Memorial hospital is a 15 bedded inpatient ward (open at the time of inspection to 13 patients) specialising mainly, but not exclusively, in stroke rehabilitation. 13 of the 15 beds are single rooms with ensuite facilities. One room has two beds and no ensuite facilities but there are communal facilities nearby.

Additional Explanatory Notes

During the course of our inspection, we received information of concern regarding a member of staff on Panpwnton, some of which could have potentially posed a risk to patient safety, dignity and respect. As a result, HIW provided verbal feedback the same day to the ward and met with senior management the following day. These matters were also followed up in writing outside of the inspection process. We requested assurance on decisions and outcomes, including consideration under the protection of vulnerable adults (POVA)¹ procedures. HIW were satisfied with the actions of the Health Board regarding these matters (13/9/2016).

¹ Further information about POVA can be found via:
http://ssiacymru.org.uk/home.php?page_id=3014

4. Summary

Because HIW were not entirely assured that there were arrangements in place to ensure the delivery of safe and dignified care at all times on both wards; we highlighted areas which could impact on patient care as well as the patient experience. Nevertheless we received some positive comments from patients and relatives about the staff and the care and treatment received on both wards.

We were made aware of patient experiences which were of concern on both wards and these have been dealt with by separate correspondence with the health board.

Due to some fundamental issues we could not be assured that the staff on Panpwnton were delivering safe and effective care in line with the Health and Care Standards. Additionally, we found on Epynt that many of the improvements recommended in our 2014 inspection were still outstanding.

Ward environments were clean, tidy and free from hazards. However they could be improved by developing a more dementia / cognitive impairment friendly environment. This was highlighted in a previous report.

Staff questionnaire responses indicated that the overall communication from senior staff to ward staff could be improved, so that learning can take place following significant incidents.

We advised the Health Board to review staffing levels, skill and team mix on both wards to enable the staff to provide individualised care and to facilitate rehabilitation / discharge planning in a more timely way.

We found that the records completed about patients' care and treatment were generally good, although there were inconsistencies in some areas. For instance on Epynt, we found; out of date Deprivation of Liberty (DoLs) assessments and care plans were not in line with any reviewed assessment; no Mental Capacity assessments, incomplete documentation and medication omissions. Whereas on Panpwnton; although there was no mental capacity assessment or relative involvement for a Do Not Attempt Resuscitation form in one patient's record; all other documentation was well organised and offered a holistic view of patient needs and care. Both wards need to ensure patient files are stored securely at all times.

There had been a number of new senior staff in the management team; we observed that some of the operational changes were not yet embedded into consistent standards of care applied at ward level. However, we found evidence of clear senior leadership and a more stable senior management structure. There

were some staff comments regarding more visibility of senior staff in Panpwnton ward due to its isolated location, although we were aware that this had already begun. The two ward managers were relatively new to their management role but appeared to be well supported by the senior team. There was an issue with ward manager cover for annual leave on Panpwnton and we were given assurances that this had been rectified.

We found that staff were able to easily access on line training opportunities and work was in progress to ensure that all staff would be up to date with mandatory training. However there was an issue regarding clinical / specialised training for some areas. We were concerned regarding some staff attitude and requested urgent assurance that these issues were being dealt with accordingly.

5. Findings

Quality of the Patient Experience

Because HIW were not entirely assured that there were arrangements in place to ensure the delivery of safe and dignified care at all times on both wards; we highlighted areas which could impact on patient care as well as the patient experience. Nevertheless we received some positive comments from patients and relatives about the staff and the care and treatment received on both wards.

We were made aware of patient experiences which were of concern on Panpwnton and these have been dealt with by separate correspondence with the health board.

Individual Care

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1)

Staff responses to the HIW questionnaire confirmed that, in line with the requirements of this standard, patients' independence was promoted.

Epynt

We saw that the quality and quantity of food was good. All patients confirmed that the food was appetising and nutritious. There was a small kitchen area which enabled patients to have snacks out of hours. We were also shown a small kitchen for relatives who may need refreshments when visiting relatives who were on the end of life pathway. This is an area of noteworthy practice. We saw a patient enjoying going to the dining area for food, however we observed the same patient eating food which had fallen on the floor; this was because there was a lack of staff supervision in the dining area. We also noted that the tables were sticky and unclean. This was not dignified or respectful for patients using the room. We were also told "*I wish there was a bell in the dining area to call for help*". We discussed this with the manager who told us there was a nurse call bell in the dining room. We suggest that staff make this known to patients.

Improvement needed

The health board and the ward manager must ensure there is adequate supervision for patients at mealtimes.

Most patients had ensuite facilities; there was one room that had two beds and no ensuite, however bathing and toilet facilities were close by. At the time only one patient was in this room.

Panpwnton

We saw that the quality and quantity of food was good. All patients confirmed that the food was appetising and nutritious. However we were told that there was no kitchen available on the ward and therefore it was difficult to access snacks out of hours.

Improvement needed

The health board must ensure that snacks are available for patients at all times.

We saw that there were no shower facilities only bath. Patients commented that they would have appreciated a choice of bath or shower.

Improvement needed

The health board should ensure that the ward has adequate amounts of washrooms with a choice of showers or bath.

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2).

Although we were told about activities available on both wards, we did not observe any activities being undertaken during the time we were there.

Epynt

Staff told us that there was a dedicated activity organiser and they had recently secured funding from the League of Friends to expand the activities programme. They had already benefited from Pet therapy, and the local museum made personalised rummage boxes when requested by staff. There was painting and music therapy planned.

Improvement needed

The health board must ensure that there are appropriate activities in place to stimulate and promote rehabilitation.

Panpwnton

Although there were some activities, including activities for patients living with dementia (the dementia specialist visited the ward once or twice a week), we found that there were very little stimulating activities other than watching the television or reading magazines/newspapers.

Panpwnton and Epynt

The information regarding “Putting Things Right” was not easily accessible on either ward. Additionally the contact details for the local Community Health Council (CHC) were not on display on either ward.

Improvement needed

The health board must ensure that the “Putting Things Right” complaints procedure and the CHC contact details are on display in a prominent place for patient and relatives to access.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).

We obtained 14 HIW patient questionnaires:

- 8 questionnaires from Epynt
- 6 questionnaires from Panpwnton

We spoke with a number of patients (those who chose to, and were able to respond) and relatives, to ascertain their perception of the care and experiences whilst on the wards. All 14 of the patients/relatives who responded in the questionnaires along with those spoken with rated the overall care and treatment received between average and excellent (between 7-10 out of 10).

Most of the questionnaire responses agreed or strongly agreed that staff were polite to patients and their families. Some patients/relatives used words such as “friendly” to describe staff.

However, there were disturbing comments regarding staff attitude and patient experience on both wards, with comments such as; “*not all staff listen to me*”, “*an older nurse doesn’t like me*”, “*hard to understand the overseas nurses*”, “*one staff nurse that makes my life very difficult*” and “*some nurses can be naughty*”. These comments clearly evidenced that patients’ experience of care on both wards could be improved. **HIW has written to the health board outside of this report for assurances that these comments have been taken seriously and are being thoroughly investigated and acted upon.** We received confirmation and assurance regarding the management of these issues on 13/9/16.

Delivery of Safe and Effective Care

Due to some fundamental issues we could not be assured that the staff on Panpwnton were delivering safe and effective care in line with the Health and Care Standards. Additionally, we found on Epynt that many of the improvements identified in our 2014 inspection remain outstanding.

Ward environments were clean, tidy and free from hazards. However they could be improved by developing a more dementia / cognitively impaired friendly environment. This was highlighted in a previous report.

Staff questionnaire responses indicated that the overall communication with staff could be improved, so that learning can take place following significant incidents.

We advised the Health Board to review staffing levels, skill and team mix on both wards to enable the staff to provide individualised care and to facilitate rehabilitation / discharge planning in a more timely way.

We found that the records completed about patients' care and treatment was generally good, although there were inconsistencies in some areas. For instance on Epynt, we found out of date Deprivation of Liberty (DoLs) assessments and care plans were not in line with any reviewed assessment; no Mental Capacity assessments, incomplete documentation and medication omissions on Epynt. Whereas on Panpwnton, although there was no mental capacity assessment or relative involvement for a Do Not Attempt Resuscitation form in one patient's record; all other documentation was well organised and offered a holistic view of patient needs and care. Both wards need to ensure patient files are stored securely at all times.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Panpwnton and Epynt

We saw systems in place to identify patients who needed additional support, for example patients who had memory problems or patients diagnosed with dementia. We saw that the Butterfly Scheme² was being used on both wards but not fully implemented on either. Over both wards we looked at six patient records where patients had been diagnosed with dementia but only three had butterflies to assist staff awareness of their cognitive impairments.

Improvement needed

The health board should ensure consistent use of schemes when implemented, as in this case the Butterfly scheme, throughout all wards. The scheme needs to be fully adopted in the interest of further assisting patient safety, communication and dignity.

There were suitable health promotion leaflets in both areas although information boards in Epynt could be placed in areas more visible to the public.

Some of the questionnaires from patients or their relatives confirmed that staff listened and talked to them about the patient's medical conditions. However, others disagreed, with some of them indicating that staff were too busy or refused to listen. **These findings have been dealt with outside of this report.**

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented. (Standard 2.1)

Panpwnton and Epynt

We observed at least 5 patients on Panpwnton without patient identification wrist bands (ID bands). We brought this to the attention of the manager immediately and this was rectified. We observed that patients on Epynt all had ID bands in place. **We were concerned that this could possibly be a health board wide**

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

issue and therefore we issued an Immediate Assurance letter regarding this concern. We received assurance (15/8/16) that this issue had been satisfactorily addressed. We were also sent information regarding the action of the health board to ensure this was not a health board wide concern.

When looking at records we saw that patients were, if relevant, being assessed in accordance with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards (DOLS)³. However, we observed one patient on Epynt (who had dementia) who did not have a mental capacity assessment and the DoLs safeguard was out of date.

We found evidence that regular audits were being undertaken to monitor and reduce risks where possible. However the audit results for areas such as the incidence of pressure ulcers, sepsis and patient falls were either not prominently displayed on the wards at all or were out of date. We were informed that these results were updated onto the Health Board's system and discussed with staff.

The ward manager on Epynt informed us that there were regular ward spot checks, although these were not currently being documented. The senior management team also told us that there were annual unannounced spot checks undertaken on every ward within the health board. This is an area of noteworthy practice.

The standard of record keeping on Panpwnton was very good and it would be advisable for the ward to share this practice so that it could be adopted elsewhere within the health board.

In the questionnaire responses, staff members said they would report an incident that could have hurt staff or patients. However all of the nursing staff across both hospitals agreed that they are not informed about errors, near misses or incidents that happen in the organisation. However, the physiotherapists, occupational

³ DOLS aim to make sure that people in hospitals, supported living or care homes are only deprived of their liberty in a safe way and only when it is in the person's best interest and there is no other way to look after them.

https://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=1327

therapists and pharmacist indicated that they are always kept informed regarding any safety issues.

Improvement needed

The process for reporting and feeding back information regarding errors, near misses and/or incidents should be reviewed. The Health Board, with reference to the nursing directorate, should be able to demonstrate how the lessons learned from incidents have been disseminated amongst staff.

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage. (Standard 2.2).

The documentation we saw demonstrated that the actual care being delivered to patients reflected what had been written in their assessments, care plans and wound charts. We also found that SKIN bundles⁴ were being completed at regular intervals. Intentional rounding every two hours was in place on both wards.

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability. (Standard 2.3)

The record for patients at risk of falls was inconsistent. Falls risk assessments had not always been completed or there were gaps in these records. We did not see means of communicating incidence of falls with the public, for example, safety cross information regarding falls on either ward.

Improvement needed

Relevant falls assessment and care planning documentation must be consistently completed and maintained for all patients who are at risk of falls.

⁴ SKIN (Surface, Keep Moving, Incontinence, Nutrition) bundle is a tool to monitor and document the care provided to patients who are assessed at risk of pressure ulcers.

Panpwnton

We were told that there had been two falls in the last month. We looked at the care plans for these patients and found that they had been reviewed and necessary action taken. We saw information on falls prevention and a poster inviting staff to a Powys Falls Prevention Expedition meeting. We saw the use of falls mats for patients identified as high risk of falls.

Epynt

There was no falls prevention information available for staff or patients/relatives and we did not see the use of fall mats. The call bell issues identified in the last report had been addressed, although we were told by patients and staff that the bells could not be heard from either end of the ward and therefore staff did not always respond in as timely a manner as they should.

Improvement needed

The ward manager on Epynt needs to ensure that falls prevention information and equipment is available for staff and patients.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).

We saw and patients confirmed that both wards were clean and odour free. We were informed that regular cleaning audits were in place and saw the cleaning schedules. There were adequate numbers of house keeping staff on both wards to maintain them in an orderly fashion.

However we saw very different practice between the two wards with regard to the care of patients with infectious disease (barrier nursing). We saw that notices were displayed to alert staff/visitors of the infection control guidelines to be followed before entering and on departing the rooms. We saw on both wards, that there had been regular infection control audits undertaken by the Infection Control Clinical Nurse Specialist and although staff were able to explain their roles regarding IPC, they were not consistently delivering the required standards on one ward.

Panpwnton

We observed the care of one patient and found, although the ward needed more hand gel at the bedside, generally the care was appropriate with decontamination of equipment and staff wearing / changing infection prevention clothing (IPC) as required.

Epynt

We again observed the care of one patient and the general infection control management of the ward and found that equipment was not being decontaminated and staff of all grades and disciplines, were not abiding by the guidelines. For instance we observed a senior nurse dispensing medication to all the patients on the ward without wearing appropriate IPC clothing when entering the barrier nursed patient; we saw three house keeping staff cleaning the ward without aprons and then serving hot drinks to the patients without aprons and we saw an Occupational Therapist enter the ward wearing a plastic apron and entering a patients' room without disposing of the apron.

Improvement needed

The health board must ensure that the All Wales Guidance for Infection prevention and control is applied at all times.

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).

Patients, overall, said they liked the food and we saw appetising, fresh, well portioned food. When we looked at patient records we saw that assessments and care plans covered their diet and nutrition and that specialist advice had been sought where necessary.

Panpwnton

However, we saw that patients were not always being supported (if they needed help) to eat and drink. Food was placed in front of a patient diagnosed with dementia and the patient was left to sleep throughout lunch.

Epynt

We saw a patient struggling to cut food with a spoon and observed that there was no supervision of patients in the dining room. Additionally, we did not see any tidy preparation prior to meals being served and on one occasion we saw a member of staff moving a urine bottle from the patients table on to the chair before the meal was put down.

This meant that we could not be assured that all patients were receiving adequate support to help eat on either ward at all times. There was also no evidence on either ward of patients being encouraged to wash hands before mealtimes.

Patients and relatives also told us that water jugs were taken away from the bedside at night and only one cup of water was left.

Improvement needed

The ward managers need to ensure that there is adequate co-ordination of meal times to include appropriate help and supervision for patients to eat their meals in a dignified and safe manner.

The ward manager on Epynt needs to ensure that patients have water available at all times.

People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).

Panpwnton and Epynt

We checked the systems for storing, recording and administering medication and also observed medication administration practices on both of the wards. We were not assured that safe systems were systematically in place to ensure that people received the correct medication and dose at the right time. We looked at a sample of patients' medication charts and saw that these had been completed with the exception of one patient. We were told that the health board did not currently have a Patient Self Administration of Medication policy but this was in progress.

We learned that staff who administered medication were familiar with the red tabard system⁵ and generally we saw tabards being worn by staff administering medicine.

Both wards had robust systems in place for out of hour emergency drugs.

Epynt

On entering the ward we found that the ward managers office was not staffed, unlocked and the key cupboard was also open. This contained keys to the controlled drugs (amongst others). We questioned whether the key would open the drugs cabinet and were told that most of the keys in the cupboard no longer worked. We asked if the manager would take us to the drugs cupboard to try the key and we found that it did in fact open the door to the controlled drugs cabinet.

Improvement needed

The ward manager needs to ensure that the security of the ward is maintained at all times.

We observed a drugs round and saw that the manager did not wear the tabard throughout the round. We also noticed that there was no water in one patient's room for the patient to take the tablets and the manager also entered the room of a barrier nursed patient and checked the identity band without wearing apron or gloves.

Improvement needed

The Health Board and the ward manager needs to ensure infection control measures are maintained at all times.

The medicine administration record (MAR) had been completed as required with the exception of two drugs which had not been omitted twice a day for five days. We discussed this immediately with the manager who stated that this had been escalated to the bank nurse office because the nurse involved had been an agency nurse. HIW were concerned that these omissions should have been identified earlier.

⁵ The red tabard system is an effective method to prevent the person administering medication from being disturbed during this process. This system can speed up the medication administration time and help to prevent errors.

Improvement needed

The ward manager needs to ensure regular audits are undertaken of the MAR charts to identify any omissions in a timely manner.

Panpwnton

We noted that there was a large amount of stock stored in the controlled drug cupboard in particular, Diamorphine (a strong drug used mainly for pain). This was exceptional as the Pharmacist and the pharmacy technician visit the ward every week. We discussed this with the ward pharmacist who stated that the pharmacy technician is not accredited to handle controlled drugs and could not remove the drugs from the ward for destruction.

At times there was only one registered nurse on duty and therefore there was a local policy agreement in place for single nurse administration of controlled drugs. This entailed a full controlled drugs check with another registered nurse from the oncoming shift immediately on arrival on the ward. We asked to see the policy but the manager was unable to access this on the intranet at the time. We were provided with a copy of an email from the health board confirming the regime set out in the policy.

Improvement needed

The health board must ensure that there are adequate staff resources to remove unwanted drugs from the ward.

The health board needs to ensure that policies are easily accessible on the intranet.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7)

We spoke with several staff members during our inspection and looked at a sample of their training records. There was no evidence that staff had received recent children and adult safeguarding training although there was training planned for all grades of staff on Epynt.

From our conversations with staff, there was evidence that they knew what to do to protect the welfare and safety of patients who may be at risk. Systems were in place to ensure that serious incidents are recorded and acted upon.

We did not see patient safety notices and alerts displayed in any areas.

Improvement needed

The health board must ensure all staff receive up to date Safeguarding training.

Effective care

We looked at three patient records on each ward and found that the quality was satisfactory although in some instances; especially in Panpwnton was very good.

Patient files included comprehensive information made up of assessments, care plans, relevant care bundles⁶ and daily records. There were two files per patient, one for the nursing documentation and the other for the medical and members of the multi-disciplinary team (for example, occupational therapist, dietician and physiotherapists). This made it difficult at times for nurses to follow care plans recommended by the therapists.

The health board should review its current system for maintaining patient records. Wherever possible, steps should be taken to condense the overall information for completion and to reduce unnecessary duplications.

Timely care

Staff told us that staffing levels were not always adequate to meet the needs of patients at all times to provide timely care.

Despite this, we saw staff working diligently to try and provide care in a timely way to ensure the best possible outcomes for patients. Nonetheless we did identify areas where improvements could be made. For example;

- We did not always see an open and collaborative approach within disciplines, to providing timely and rehabilitative care. For example nursing staff were delivering rushed care during mealtimes and toileting due to the shortage of staff at that time, whereby all grades of therapeutic staff could attend a meeting at lunch time. A broader multi disciplinary approach may alleviate stressful times on the ward and improve the patient's experience.

⁶ A bundle is a structured way for documenting the delivery of care to patients and improving patient outcomes. Further information about bundles can be obtained via:

<http://www.ihl.org/resources/Pages/ImprovementStories/WhatIsABundle.aspx>

Quality of Management and Leadership

There had been a number of new senior staff in the management team; therefore some of the operational changes were not yet embedded consistently at ward level. However, we found evidence of clear senior leadership and a more stable senior management structure. There were some staff comments regarding the benefit of having more visibility of senior staff in Panpwnton ward due to its isolated location, although we were aware that this had already begun. The two ward managers were relatively new to their management role but appeared to be well supported by the senior team. There was an issue with ward manager cover for annual leave and we were given assurances that this had been rectified.

We found that staff were able to easily access on line training opportunities and work was in progress to ensure that all staff would be up to date with mandatory training. However there was an issue regarding clinical / specialised training for some areas. We were concerned regarding some staff attitudes and requested urgent assurance that these issues were being dealt with accordingly.

Staff and resources

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).

From our conversations with staff and examination of a sample of training records on both wards, we found that they were up to date or that arrangements were in place for all staff to complete mandatory training within set timescales with the exception of Deprivation of Liberty, Mental Capacity Act and Safeguarding. Most of the nursing staff members said they would benefit from further learning opportunities, namely phlebotomy, intra-venous, naso-gastric insertion and care, cognition /behaviour management post stroke. We would advise the Health Board to explore what additional training could be provided in these areas.

With regard to staffing, the health board had made some progress towards addressing issues by reducing the availability of beds on both wards and through an on-going recruitment drive. However the levels and skill mix of staff was particularly concerning during the night shifts when we found that there was only one trained nurse and a health care support worker on duty in Epynt

(with established arrangements for an additional staff member to be released from a neighbouring ward in and emergency) and only two qualified in Panpwnton.

Panpwnton

We saw that the new manager in Panpwnton has put an emphasis on increasing access to training and up-skilling the workforce. From our conversations with staff and examination of a sample of training records we found that they were up to date or that arrangements were in place for all staff to complete mandatory training within set timescales. Most of the nursing staff members said they would benefit from further learning opportunities.

There were signs that staffing levels were not always adequate and we observed that staff were very busy given the complexity and range of acuity in patients' needs. The capacity of beds on the ward had been reduced to meet with the staffing problems.

We were also told that the ward manager was taking annual leave and the ward would have no immediate manager to oversee the day to day running of the ward. The health board had put in place a remote senior manager who would be available by telephone. **This was a concern to HIW and we issued an Immediate Assurance letter for assurance that this would be resolved before the ward manager took leave. We received a satisfactory response on the 16/8/16.**

Epynt

From our conversations with staff and examination of a sample of training records we found that they were up to date or that arrangements were in place for all staff to complete some mandatory training, with the exception of Deprivation of Liberty, Mental Capacity Act and Safeguarding.

Again we found signs that staffing levels were not always adequate and we observed that staff were very busy, given the complexity and range of acuity in patients' needs. Additionally on Epynt such things as the layout of the ward compounded problems.

Improvement needed

The health board should continue reviewing the staffing levels and skill mix to ensure that the number and skill mix of staff is adequate to provide timely care according to patients' diverse range, changing needs and ward environment.

We found evidence of multi disciplinary but not clear integrated team working.

Panpwnton

There were separate therapist / nursing records and this did not align with good integrated working. However we saw that staff worked well together on a day to day basis.

GP's from one local surgery provided medical cover. We were satisfied that there was adequate provision and continuity of care.

There was no nurse prescriber or nurse consultants which staff felt would benefit Panpwnton, especially on weekends and out of hours.

Improvement needed

In addition to the continued review of staffing levels, as advised above, the health board should consider what additional support such as, nurse prescribers /practitioners could improve the patient experience.

Epynt

We did not see occupational therapists or physiotherapists supporting ward teams with various aspects of the patients' care. With the shortage of ward staff this engagement could have meant that patients would not have to wait longer than necessary to receive assistance with mobilisation or personal care. There was no evidence of integrated rehabilitative objectives in the care plans. Another example was during the multi-disciplinary team meeting which was held over a lunchtime (which is a busy time on the wards) all the Occupational Therapist and Physiotherapy team members were present but there was no representation from the ward staff, because they were too busy with lunch and toileting. These are areas where rehabilitation programmes can be optimised.

There was Consultant and GP cover on the ward and the Consultant was visible on the two days of inspection. We were satisfied that there was adequate provision and continuity of care.

Improvement needed

In addition to the continued review of staffing levels, as advised above, the health board should consider what additional support such as, improved integrated teams could improve the patient experience.

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)

Both of the managers were relatively new (less than 6 months) to their role. We found that one manager had strong leadership skills, a clear vision and a management style, which staff stated, had changed the atmosphere and individual commitment to the team. Both managers were progressing well under the support of their line managers regardless of staffing issues and cultures already embedded prior to their employment. We advised the line managers concerned to ensure that this support is maintained while the new ward managers gain more experience and whilst changes are embedded.

We were told that both ward managers were visible on the wards and we observed a respectful working relationship between them and their staff. We noticed that the ward environments were generally calm and organised.

We found examples of innovative leadership skills, where managers were keen to encourage learning and improve standards. On Panpwnton the ward manager was developing a palliative care suite and had recently gained financial support from the League of Friends. Whilst in Epynt, the manager was looking at innovative ways to encourage patients to become more active as part of their rehabilitation. Both managers were eager to develop cognitive training for staff with a view to improving the care and environment for patients with dementia or cognitive impairment. We were told that health care support workers were having the opportunity to access dementia awareness training including training on the “Butterfly scheme”⁷.

Both managers received positive remarks from staff and were actively changing cultures and ways of working,

⁷ The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes and above their beds.

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 this 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 will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

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

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

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

Appendix A


Hospital Inspection: Improvement Plan

Hospital: Knighton Hospital

Ward/ Department: Panpwnton Ward


Date of inspection: 10 and 11 August 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Page 9	The health board should ensure that the ward has adequate amounts of washrooms with a choice of showers or bath. <i>Standard 6.1</i>	A new shower room / wet room has been scheduled as part of this financial year's estates work. Upon completion this will provide patients with a choice of a shower or bath	Assistant Director, Works and Estates	End March 2017
Page 9	The health board must ensure that snacks are available for patients at all times. <i>Standard 2.5</i>	Snacks are readily available from the kitchen upon request during the day in addition snacks will be delivered with the evening food service for the convenience of patients outside of normal kitchen opening times	Ward Sister	Actioned September 2016
Page 10	The health board must ensure that the	Putting Things Right booklets are available on the	Ward Sister	Actioned

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>“Putting Things Right” complaints procedure and the CHC contact details are on display in a prominent place for patient and relatives to access. <i>Standard 6.3</i></p>	<p>ward.</p> <p>CHC posters are at key points on the ward and on the information board outside the ward area</p> <p>In addition, a weekly carers clinic takes place at ward level where information for Putting Things Right and CHC support can be provided verbally.</p>		September 2016
Delivery of Safe and Effective Care				
Page 13	<p>The health board needs to ensure that there is a consistent use of the Butterfly scheme throughout all wards. The scheme needs to be fully adopted in the interest of patient safety, communication and dignity. <i>Standard 3.1</i></p>	<p>PTHB are committed to implementation of the Butterfly Scheme and this is shown in the Powys Dementia Plan and with the introduction of a Facilitator post.</p> <p>Pledge 5 of the Plan is to improve the care of people with dementia in general hospital settings.</p> <p>The Dementia Coordinator provided a refresher Butterfly training session on Pwanpwnton Ward 12th October 2016, 16 Staff have attended to date</p> <p>The Butterfly Scheme is visible on the Ward Notice Board.</p> <p>Carer information is available on the ward and given to carers to opt into the scheme.</p> <p>Information leaflets are available for Temporary staff to explain the scheme</p>	<p>Head of Nursing</p>  <p>Dementia in Action Plan 9 - new format.</p> <p>Ward Sister</p>	<p>Dementia Plan 3 years 2016 – ‘19</p> <p>Addressed November 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Dementia Champions have been identified on the Ward.</p> <p>“John’s Campaign” has been implemented to improve dementia awareness and access for carers.</p> <p>Open visiting 11am – 20.00pm is in place.</p> <p><i>NB A six month progress report on the implementation of the Dementia Plan was presented to the MH/LD Committee 1st December 2016 and shows good progress.</i></p>		
Page 14	<p>Immediate Assurance letter:</p> <p>Consistent with the Health and Care Standards principles of safe care, identification wristbands should be in place for all in-patients.</p>	<p>The Ward Sister has reminded staff of the importance of all in-patients wearing an identity band.</p> <p>The Integrated Clinical Team Manager has undertaken a spot check review to check identity bands were in place (post HIW visit).</p> <p>A programme of spot checks will be</p>	<p>Ward Sister</p> <p>Integrated Clinical Team Manager</p> <p>Heads of Nursing</p>	<p>Actioned</p> <p>Actioned</p> <p>October 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>introduced across the Community Hospitals to ensure pan-Powys compliance with patient identification.</p> <p>An Audit has been completed across in-patient units with results presented to Executive Committee and Patient Experience, Quality & Safety Committee with compliance demonstrated.</p> <p>The Pharmacy Technician carries out a fortnightly audit to evidence whether all patients have been identified as wearing their wrist band. These results are shared with the Senior Sister and any gaps in assurance are resolved immediately.</p> <p>Post HIW visit an audit of compliance was undertaken across all Community Hospitals in Powys, showing satisfactory compliance and demonstrating this finding is not systemic. These results have been shared with HIW.</p>		
Page 15	The process for reporting and feeding back information regarding errors, near misses	ICTM to ensure concerns discussion and feedback is included in 1:1 sessions with Ward	ICTM	Actioned

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	and/or incidents should be reviewed. The nursing directorate should be able to demonstrate how the lessons learned from incidents have been disseminated amongst staff. <i>Standard 6.3</i>	Sister Information to be shared at Directorate QPE&R meeting. Ward Sisters to attend and share learning. Lessons learnt will be an agenda item for the ward team meeting.	Head of Nursing Ward Sister	Actioned Actioned
Page 15	Relevant falls assessment and care planning documentation must be consistently completed and maintained for all patients who are at risk of falls. <i>Standard 2.3</i>	All patients over the age of 60 have a falls care plan with risk assessment completed upon admission and updated weekly or in the event of a fall during their stay.	Ward Sister	Actioned September 2016
Page 19	The ward managers need to ensure that there is adequate and appropriate help and supervision for patients to eat their meals in a dignified and safe manner. <i>Standard 2.5</i>	Shift patterns have been reviewed to increase the number of staff available for mealtime supervision Open visiting is encouraged for relative/s of patients requiring assistance at mealtimes to be in attendance. Protected Mealtimes Policy reinforced with staff being mindful of facilitating access to those relatives who can or wish to support at mealtimes All nursing and domestic staff reminded of their roles and responsibilities at mealtimes. Facilities, Nursing and Dietetics have undertaken	Ward Sister  Copy of Adapted Unannounced Nutri	Actioned September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		unannounced Nutrition and Hydration audits at mealtimes across Powys during November 2016		
Page 21	The health board needs to ensure that there are adequate staff resources to remove unwanted drugs from the ward; including controlled drugs. <i>Standard 2.6</i>	The overstocked items were removed on 28 th September by supplying DGH lead Pharmacy Technician Baseline stock items have been reviewed The supplying DGH will commence a 6 weekly stock take to ensure correct levels are maintained	Ward Sister in liaison with DGH Pharmacy Technician	Actioned September 2016
Page 21	The health board needs to ensure that policies are easily accessible on the intranet. <i>Standard 3.4</i>	Policies are available via the PTHB intranet all ward staff have access to several computers. <i>NB the difficulty encountered at the time of the audit was attributable to new Intranet migration.</i>	Ward Sister	N/A
Page 21	The health board needs to ensure all staff receive up to date Safeguarding training. <i>Standard 7.1</i>	Compliance with all Mandatory & Statutory Training is monitored via the WOD Committee and in terms of Safeguarding via the Safeguarding Committee. The overall Health Board compliance for Safeguarding training has improved significantly over the past year, whilst recognising full compliance has not been achieved. All ward staff to complete Safeguarding Children and Adult awareness training by the end December 2016 via online training or classroom.	Ward Sister	End December 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>12 staff have completed safeguarding training</p> <p>PTHB draft safeguarding strategy is out for consultation. This document supports managers with the overarching programme of safeguarding training</p>		
Page 21	<p>The health board should review its current system for maintaining patient records. Wherever possible, steps should be taken to condense the overall information for completion and to reduce unnecessary duplications. <i>Standard 3.5</i></p>	<p>On the whole the Health Board receive positive feedback about records and record keeping via a number of internal and external audits.</p> <p>The Nursing Records have previously been reviewed and re-shaped, streamlining where possible and have received positive feedback from users and stakeholders.</p> <p>Shared MDT notes are in place, which can add to the bulkiness of the overall record when collated. A pilot of integration is happening in YCH which may help with reduced duplication. The pilot will be evaluated, with a plan for future roll out.</p> <p>WCCIS is being introduced in Powys from November 2016 and this will have a significant impact on record keeping, moving to E-records. This is not applicable for the Community Hospitals though.</p>	ICTM	March 2017
	Quality of Management and Leadership			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 23	<p><i>Due to the Ward Manager's absence on annual leave for two weeks from the 11/8/16, HIW requires assurance that Panpwnton Ward will have sufficient leadership and management available at all times to support staff working on the ward. (Standard 7.1 Workforce)</i></p>	<p>Effective senior leadership and management cover has been arranged, with a Band 7 Team Leader providing day to day support and an acting Band 6 has been appointed to cover in the absence of the Ward Sister.</p> <p>The Integrated Clinical Team Manager has enhanced personal visibility in the absence of the Ward Sister.</p> <p>The band 6 Deputy Ward Sister post is currently out to advert with interviews scheduled for October 2016.</p>	Integrated Clinical Team Manager	Actioned
Page 23	<p>The health board should continue reviewing the staffing levels and skill mix to ensure that the number and skill mix of staff is adequate to provide timely care according to patients' diverse range and changing needs. <i>Standard 7.1</i></p>	<p>The Health Board has completed an Establishment Review, with revised establishments agreed by the Executive Team in June 2016. Knighton Hospital's isolation was considered during the establishment review.</p> <p>Ward sisters have designated management time within the revised budgeted establishments.</p> <p>The Recruitment process is on-going to fill vacancies and in the interim the total beds have been reduced (for some time) to ensure appropriate patient care based on available staff.</p> <p><i>NB The Assistant Director of Nursing is a</i></p>	N/A	N/A

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p><i>member of the All Wales Working Group for the implementation of the Welsh Staffing Act.</i></p> <p>Staffing levels are always reviewed and discussed daily as part of the 10.30 am bed management and patient flow process.</p> <p>Any staffing deficits are escalated to the Senior Management Team for resolution/action and reported via Datix.</p> <p>The escalation process and specialising proforma is in place for assessing acuity of patients requiring increase in staffing levels.</p> <p>Out of Hours – there is an on-call system in place.</p>		
Page 24	<p>In addition to the continued review of staffing levels, as advised above, the health board should consider what additional support such as nurse prescribers / practitioners, could improve the patient experience. <i>Standard 7.1</i></p>	<p>A review of future provision will be scheduled once the vacancies have been filled and there is more stability/continuity in the team.</p> <p>The ICTM, who has responsibility for Knighton and the local District Nursing Service, has ensured that staff work collegiately. The DN Team is based on the Knighton Hospital site, which promotes collaborative working. Skills are shared/supported across the teams.</p> <p>The DN Team Leader has identified, through her PADR, that a Nurse Prescribing module would</p>	ICTM	March 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		strengthen the team's skills. This is supported by the ICTM and Head of Nursing and will be progressed.		

Health Board Representative:

Name (print): Rhiannon Jones Director of Nursing

Title: Anita Davies Head of Nursing

Date: 3rd October 2016 & reviewed / updated 1st December 2016

Appendix A

Hospital Inspection: Improvement Plan



Hospital: Brecon War Hospital

Ward/ Department: Epynt Ward


Date of inspection: 10 and 11 August 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
Page 8	The ward manager must ensure there is adequate supervision on the ward at all times. Standard 3.1	Staffing levels are reviewed and discussed daily as part of the bed management and patient flow process. Any staffing deficits are escalated to the Senior Management Team for resolution/action and reported via Datix. Ward staff are aware of their responsibilities to maintain patient safety.	Ward Sister	N/A
Page 9	The health board must ensure that there are appropriate activities in place to stimulate and	A multidisciplinary approach to Rehabilitation is in place. To enhance this 18 activity sessions have	Ward Sister	Nov 2016 to Jan 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	promote rehabilitation. <i>Standard 1.1</i>	<p>been booked and funded by the League of Friends to commence November 2016. Feed back from patients re: the activity sessions will be collated and reviewed for further investment potentially via Charitable Funds.</p> <p>Patients continue to enjoy Pet Therapy, which has been in place for some time.</p> <p><i>NB: A Health Board wide bid has been prepared and submitted to the Charitable Funds Committee to fund software, which is an IT activity initiative. This has been supported in principle but awaiting procurement advice.</i></p>		
Page 11	The health board must ensure that the “Putting Things Right” complaints procedure and the CHC contact details are on display in a prominent place for patient and relatives to access. <i>Standard 6.3</i>	<p>Putting Things Right booklets are available on the Ward.</p> <p>CHC posters are at key points on the Ward and displayed on the information board outside the Ward area.</p> <p>A weekly ward carers clinic takes place and information about Putting Things Right and CHC support is provided verbally via this process, as necessary.</p>	Ward Sister	Actioned September 2016
Delivery of Safe and Effective Care				
Page 13	The health board needs to ensure that there	PTHB are committed to implementation of the	Head of Nursing South Locality	As part of the three year

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>is a consistent use of the Butterfly scheme throughout all wards. The scheme needs to be fully adopted in the interest of further assisting patient safety, communication and dignity. <i>Standard 2.1</i></p>	<p>Butterfly Scheme and this is shown in the Powys Dementia Plan and with the introduction of a funded Facilitator post.</p> <p>Pledge 5 of the Plan is to improve the care of people with dementia in general hospital settings.</p> <p>The Dementia Coordinator has provided Butterfly training sessions on Epynt Ward. An Audit was undertaken in August 2016 and actions identified for improvement.</p> <p>The Butterfly Scheme is visible on the Ward Notice Board. Carer information is also available on the Ward.</p> <p>Dementia Champions have been identified on the Ward.</p> <p>“John’s Campaign” values to be implemented to improve dementia awareness and access for carers.</p> <p><i>NB A six month progress report on the implementation of the Dementia Plan was presented to the MH/LD Committee 1st December 2016 and shows good progress against the pledges.</i></p>	<p> Dementia in Action Plan 9 - new format.</p> <p>Ward Manager</p> <p> Audit action log Epynt ward Aug 201</p>	<p>Dementia Plan (2016-'19)</p>
Page 15	The process for reporting and feeding back	ICTM to ensure concerns discussion and feedback is included in 1:1 sessions with Ward	ICTM	End of November

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	information regarding errors, near misses and/or incidents should be reviewed. The nursing directorate should be able to demonstrate how the lessons learned from incidents have been disseminated amongst staff. <i>Standard 6.3</i>	Sister Information to be shared at local QPE&R meeting where Ward Sisters will be expected to attend and share learning Lessons learnt will be an agenda for the ward team meeting.	Head of Nursing Ward Sister	2016 October 2016 October 2016
Page 15	Relevant falls assessment and care planning documentation must be consistently completed and maintained for all patients who are at risk of falls. <i>Standard 2.3</i>	Falls care plans are in place for each patient. Falls care plans are updated weekly or post fall/change in the patients' condition. The Powys Post Fall Pathway is followed on the Ward with relevant reviews eg medication review taking place An Audit of the Falls Policy will be scheduled as part of the Audit Calendar for 2017.	Ward Sister Head of Nursing	N/A Audit Calendar will be confirmed
Page 16	The ward manager on Epynt ward needs to ensure that fall prevention information and equipment is available for staff and patients. <i>Standard 2.3</i>	Falls mats are available for falls prevention following assessment. 3 new Falls Alarms have been purchased for ward. The Hospital Consultant is the Powys clinical lead for falls.	Ward Sister	Actioned

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Intentional Rounding is in place to ensure patient safety, call bell at hand, toileting needs attended to and patients are observed to minimise the risk of falls.</p> <p>Powys Falls Prevention Leaflet is currently being developed via the falls forum.</p> <p>Falls Prevention in hospital : a guide for patients , their families and carers (Royal College of Physicians) is available on all wards</p>	<p>Assistant Director of Nursing and Lead Consultant</p>  <p>RCP FALLS PREVENTION IN HOS</p>	December 2016
Page 17	<p>The health board must ensure that the All Wales Guidance for Infection Prevention and Control is applied at all times</p> <p><i>Standard 2.4</i></p>	<p>The Ward Sister is responsible for ensuring that all staff and any Ward visitors adhere to Infection Prevention and Control policy and procedures.</p> <p>The IP&C Senior Nurse undertakes audits of practice, supported by Ward Link Nurses.</p> <p>There is a programme of Environmental Cleanliness Reviews which are undertaken systematically involving IP&C, Corporate Nursing, Facilities and Works and Estates and discussed at the IP&C/Environment Committee.</p>	Ward Sister	End of March 2016
Page 18	<p>The ward managers need to ensure that there is adequate and appropriate help and supervision for patients to eat their meals in a dignified manner. <i>Standard 2.5</i></p>	<p>Shift patterns have been reviewed to increase the number of staff available for mealtime supervision</p> <p>Open visiting is encouraged for relative/s of patients requiring assistance at mealtimes to be</p>	Ward Sister	Actioned September 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>in attendance.</p> <p>Protected Mealtimes Policy reinforced with staff</p> <p>Nursing and domestic staff have been reminded of their roles and responsibilities at mealtimes.</p> <p>Facilities, Nursing and Dietetics have conducted unannounced Nutrition and Hydration audits at mealtimes across Powys throughout November 2016.</p>		
Page 18	<p>The ward manager on Epynt needs to ensure that patients have water available at all times.</p> <p><i>Standard 2.5</i></p>	<p>The Ward Sister is responsible for ensuring that Nursing and Facilities staff adhere to the All Wales Guidance for the provision of water. A review undertaken by Wales Audit Office indicated good compliance across PTHB.</p> <p>Extra water jugs have been purchased.</p> <p>Water replenished is 3 times a day and available 24/7 at the bedside.</p>	Ward Sister /ICTM	<p>Actioned.</p> <p>September 2016</p>
Page 19	<p>The ward manager needs to ensure that the security of the ward is maintained at all times.</p> <p><i>Standard 2.1</i></p>	<p>The Notes Office is secured with a key pad.</p> <p>Key pads are in place to secure the Sisters Office, Dr's Office and the storage area.</p> <p>A notice has been developed to remind staff to close doors when leaving offices to promote confidentiality.</p>	Ward Sister	<p>Actioned.</p> <p>September 2016</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Spot checks evidence that the MDT are maintaining security of patient information		
Page 19	The ward manager needs to ensure regular audits are undertaken of the MAR charts to identify any omissions in a timely manner. <i>Standard 2.6</i>	The Pharmacy department conduct a monthly audit of Medicines and omissions, using the All Wales Audit Tool. The results are discussed with multidisciplinary teams and the collated results are also presented to the Patient Experience, Quality and Safety Committee.	N/A	N/A
Page 21	The health board should review its current system for maintaining patient records. Wherever possible, steps should be taken to condense the overall information for completion and to reduce unnecessary duplications. <i>Standard 3.5</i>	<p>On the whole the Health Board receive positive feedback about records and record keeping via a number of internal and external audits.</p> <p>The Nursing Records have previously been reviewed and re-shaped, streamlining where possible and have received positive feedback from users and stakeholders.</p> <p>Shared MDT notes are in place, which can add to the bulkiness of the overall record when collated. A pilot of integration is happening in YCH which may help with reduced duplication. The pilot will be evaluated, with a plan for future roll out.</p> <p><i>NB: WCCIS is being introduced in Powys and this will have a significant impact on record keeping, moving to E-records. This is not applicable for the Community Hospitals though.</i></p>	ICTM	March 2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of Management and Leadership			
Page 23	<p>The health board should continue reviewing the staffing levels and skill mix to ensure that the number and skill mix of staff is adequate to provide timely care according to patients' diverse range, changing needs and the ward environment. <i>Standard 7.1</i></p>	<p>The Health Board has completed an Establishment Review, with revised establishments agreed by the Executive Team in June 2016 and are content with the agreed establishments.</p> <p>The Recruitment process is on-going to fill vacancies and in the interim the total beds have been reduced (for some time) to ensure appropriate patient care, based on available staff.</p> <p>Staffing levels are reviewed and discussed daily as part of the bed management and patient flow process</p> <p>Any staffing deficits are escalated to the Senior Management Team for resolution/action and reported via Datix.</p> <p>An escalation process and specialling proforma is in place to assess acuity of patients requiring increase in staffing levels.</p> <p>Out of Hours – an on-call system is in place.</p> <p>A Deputy ward sister has been appointed to commence in December 2016</p>	N/A	N/A

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Page 24	In addition to the continued review of staffing levels, as advised above, the health board should consider what additional support such as improved integrated teams, could improve the patient experience. <i>Standard 7.1</i>	<p>Out of hours support as provided by MIU band 6 ENP via “hospital at night model”.</p> <p>There is an operational on-call for advice and support to clinical teams.</p> <p>Head of Therapies and Head of Nursing will meet to progress therapeutic care plans to optimise rehabilitation programmes for patients who have had a stroke.</p>	Head of Nursing & Head of Therapies	December 2016

Health Board Representative:

Name (print): Rhiannon Jones, Director of Nursing

Title: Anita Davies, Head of Nursing

Date: 3rd October 2016 & reviewed / updated 1st December 2016