Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Epynt and Y Bannau Wards, Brecon War Memorial Hospital, Powys Teaching Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our website.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Brecon War Memorial Hospital, Powys Teaching Health Board on 26 and 27 September 2023. The following hospital wards were reviewed during this inspection:

- Epynt ward – 15 beds – GP and Consultant led - providing specialist rehabilitation services and is the stroke rehabilitation centre for south Powys
- Y Bannau ward – 15 beds – GP led - providing general medical and palliative care services.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of four questionnaires were completed by patients or their carers on Epynt ward and six on Y Bannau ward. Six questionnaires were completed by staff working on Epynt ward and seven by staff working on Y Bannau ward. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Our team, for the inspection comprised of three HIW Healthcare Inspectors, four clinical peer reviewers and one patient experience reviewer (who spent time speaking with patients on both wards). The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found the quality of patient experience to be good on both wards. Patients and their relatives spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner. We saw staff attending to patients in a calm and reassuring manner. However, we found some aspects of the environment on both wards that required improvement.

This is what we recommend the service can improve:

- Provide information on how to raise a concern or make a complaint and replace the information relating to the Community Health Council with information relating to Llais
- Refurbish the palliative care facilities on both wards to make them less clinical in appearance and more comfortable for patients and relatives
- Develop the outside garden space for use by patients and visitors on Y Bannau ward
- Repair the emergency call bell on Y Bannau ward and the call bell in the bathroom on Epynt ward
- Provide additional aids to support individuals with dementia e.g clocks, calendars etc
- Provide additional stroke rehabilitation chairs on Epynt ward
- Explore the use of alternative areas for storage on both wards and the charging of medical equipment on Epynt ward.

This is what the service did well:

- Good interactions between staff and patients
- Food provision.

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care on both wards to be generally safe and effective and the staff team were committed to providing patients with compassionate, safe and effective care. However, we found that improvement was required in relation to aspects of infection control, medication management and record keeping.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. The wards were clean and tidy, and arrangements were in place to reduce cross infection. There were formal medication management processes in place.

Patient care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

This is what we recommend the service can improve:

- Some aspects of medication management
- Some aspects of infection prevention and control
- Some aspects of record keeping and auditing of care documentation
- Review the timings of MDT meetings to ensure that GPs are able to attend
- Ensure that the DOLS process is robust and in line with the pathway.

This is what the service did well:

- Provision of person-centred care
- Risk management
- Multidisciplinary working.

Quality of Management and Leadership

Overall summary:
We found good management and leadership on both wards, with staff commenting positively on the support that they received from the management team. However, we found that improvement was needed around staff supervision and some elements of staff training.

Staff members told us that they were generally happy in their work and that an open and supportive culture existed.

This is what we recommend the service can improve:

- Some aspects of staff training to include mandatory training, sepsis and Duty of Candour training
- Move to electronic records management system
- Ensure that regular staff meetings are conducted on Y Bannau ward
- Ensure that staff have regular appraisals
- Ensure that staff are aware of how to access policies and procedures on the intranet.

This is what the service did well:

- Good support and oversight by ward managers

- Good auditing and reporting processes.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in Appendix B.

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of four questionnaires were completed by patients or their carers on Epynt ward and six on Y Bannau ward.

Comments from patients accommodated on Epynt ward included the following:

> *"Thumbs up for the staff."*
>
> *"Staff outstanding at all levels."*
>
> *"Staff have encouraged me to be as independent as I can."*

Comments from patients accommodated on Y Bannau ward included the following:

> *"Every single person involved in running this hospital from cleaning staff to nursing have been kind, respectful, helpful and need that respect back. They work under stress most days due to staff shortage. Keep giving them the pay they deserve."*
>
> *"Staff are lovely."*
>
> *"The care couldn't be better."*

We asked what could be done to improve the service. Comments included the following:

> *"Mostly good, but there are lots of staff changes."*
>
> *"Trying to get appropriate healthcare to go home is proving difficult."*

Person Centred

Health promotion

Health related information and pamphlets were available in various parts of the wards, many of which were bilingual. However, there were many empty leaflet racks on both wards, and these should be removed if no longer required.

The heath board should remove the empty leaflet racks if no longer required.

We saw good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner.

We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining or regaining their independence.

We saw a variety of equipment on both wards to help patients to mobilise and to encourage independence. However, we were told that there were not enough specialist stroke chairs on Epynt ward to meet patient demand.

The health board must ensure that there are enough specialist stroke chairs on Epynt ward.

Dignified and respectful care

We found that patients were treated with dignity, respect and compassion by the staff team and patients and their relatives were full of praise for the staff.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patient privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

We saw that staff were making an effort to ensure that patients were clean and that their clothing was changed regularly.

Patients told us that they were happy with the way that staff maintained their privacy and we saw curtains being drawn around patients when personal care was being given.

There were designated palliative care suites on both wards. These provided a valuable resource for patients requiring end of life care. However, both suites required refurbishment in order to make them less clinical in appearance and more comfortable for patients and their relatives. We also suggested that the garden area adjacent to Y Bannau ward be made more accessible to patients and their visitors and in particular those patients in receipt of palliative care.

The health board should consider refurbishing the palliative care facilities on both wards to make them less clinical in appearance and more comfortable for patients and relatives.

The health board should consider ways of making the garden area adjacent to Y Bannau ward more accessible to patients and their relatives.

Individualised care
The quality of assessment and care planning was generally good, and we found that care was being planned and delivered in discussion with patients and in a way that identified and met individual needs and wishes.

There were good multi-disciplinary discussions taking place during the board round around patients' needs. However, we were told that GPs were not always able to attend some of the multidisciplinary team meetings due to other work commitments.

The health board should review the timings of MDT meetings to ensure that GPs are able to attend.

We found that patients' wishes with regards resuscitation in the event of collapse were being discussed with the patients and their nominated family representatives and that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) documentation was being completed where needed. However, we noted that both the DNACPR and escalation of treatment forms had red borders which could lead to confusion, and we recommend that these be reviewed.

The health board should look at ways to distinguish between the DNACPR and escalation of treatment forms to avoid confusion.

Timely

Timely care
Patients on both wards were attended to promptly when they needed assistance. Staff were seen to anticipate patients' needs through general observation. This enabled them to attend to patients in a timely way. However, we were told that the emergency call bell on Y Bannau ward was not working. This had been reported to the maintenance department and an alternative, temporary system of alerting staff to an emergency put in place. We also found that a call bell in one of the bathrooms on Epynt ward was not working.

The health board must repair the emergency call bell on Y Bannau ward and the call bell within one of the bathrooms on Epynt ward without further delay.

There were good multidisciplinary discharge planning processes in place with support provided by the discharge co-ordinator. There was a robust process in place to track patients on the wards who were awaiting discharge. However, the supporting documentation was not always reflective of the process and the decisions made. In addition, some patients were being accommodated for longer than was needed due to delays in social worker assessments or the availability of suitable community care packages.

The health board must ensure that the discharge planning documentation is reflective of the process undertaken and the decisions made.

The health board must continue to engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.

Equitable

Communication and language
Throughout the inspection, we saw staff on both wards communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients in an encouraging and inclusive manner.

Patients told us that staff on the wards were mostly English speaking with some able to speak a few Welsh words and phrases. We were also told that Welsh language training was available, but staff uptake was low. Translation services were available and Welsh speaking staff from other areas of the hospital could be called upon to assist if needed. However, there was no directory of available Welsh speaking staff to assist in this process.

The health board must continue with efforts to encourage staff to learn Welsh and consider drawing up a directory of Welsh speakers that could be called upon for assistance if required.

There was no hearing loop equipment on either ward, and we suggest that such equipment be made available in order to assist in communicating with patients and visitors who may be hard of hearing.

The health board should consider providing hearing loop equipment on both wards.

Rights and Equality
We saw staff on both wards being kind and respectful to patients and patients spoken with confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family.

We found that care was being provided in a way to promote and protect patients' rights.

Staff were aware of the need for patients and family to meet in private and were willing to accommodate this by utilising unused bedrooms.

We found staff knowledge and application of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act to be variable.

The health board must ensure that staff are provided with further training relating to DoLS and Mental Capacity.

Staff were aware of which patients were subjected to DoLS and this was reflected in the documentation we reviewed. However, we found one example on Epynt ward where a DoLS authorisation had lapsed.

The health board must ensure that staff adhere to the DoLS process and monitor timeframes to ensure that re-assessments are undertaken in a timely way.

Delivery of Safe and Effective Care

Safe

Risk management
We found that the delivery of care was generally safe and effective on both wards, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors. However, we found that falls risk assessments were not being reviewed regularly.

The health board must ensure that falls risk assessments are regularly reviewed.

Infection, prevention, control and decontamination
There were generally good housekeeping arrangements in place on both wards. The communal areas and rooms we looked at were clean and generally tidy.

However, we saw that medical equipment and some supplies of PPE were being stored within corridor areas on both wards increasing the risk of cross infection. Some medical equipment was also being charged on the corridor on Epynt ward. We also saw that portable suction machines were being stored on the floor in the corridor on Epynt ward. Not only does this increase the risk of trips and falls, but it also increases the risk of cross infection.

The health board must ensure that equipment is appropriately stored to reduce the risk of falls and cross infection.

We found that the flooring within most areas of Epynt ward had become detached from the walls. Not only was this unsightly but it also made it difficult to keep clean and increases the risk of cross infection.

The health board must take steps to repair the flooring on Epynt ward.

We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection. However, we found that plastic aprons were

being draped on handrails within the corridor on Y Bannau ward. Consequently, some of the aprons had fallen on to the floor thus increasing the risk of cross infection.

The health board must ensure that all items of PPE are appropriately stored.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the ward.

There was a comprehensive infection control policy in place supported by comprehensive cleaning schedules. However, we found that staff on Y Bannau ward were not cleaning the blood pressure monitoring equipment between patients.

The health board must ensure that staff clean the blood pressure monitoring equipment between patients.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. We suggest that outcomes of such audits be displayed for patients, visitors and staff to see.

The health board should display the outcome of audits on the wards for patients, visitors and staff to see.

Safeguarding of children and adults
Patients told us that they felt safe on the wards. There were written safeguarding policies and procedures in place. Both ward managers were knowledgeable about the practical application of these policies and procedures.

We were told that there were no active safeguarding issues on the wards at the time of the inspection.

Blood management
There was a blood transfusion policy in place. However, we found that this was due for review in 2020.

The health bord must review and update the blood transfusion policy.

We were told that blood transfusions were not undertaken on a regular basis on either ward. However, we were told that staff involved in blood transfusion and the management of blood products attended training and undertook regular competency assessments. Staff spoken with had a good understanding of the procedures to be followed.

Staff told us that any issues encountered during the transfusion process would be reported on Datix. However, staff were unaware of the Serious Hazard of Transfusion (SHOT) reporting process.

The health board must ensure that all staff involved in the transfusion of blood and blood related products are aware of the SHOT reporting process.

Management of medical devices and equipment
Both wards had a range of medical equipment available, and records showed that the equipment was maintained appropriately.

Medicines Management
There was a comprehensive medication management policy in place and medicines management arrangements were seen to be generally safe, effective, and well organised on both wards.

We were told that there was good support from the pharmacist and pharmacy technician who attended the wards three times a week.

We observed staff administering medication on both wards and looked at a sample of medication administration records and found the process to be generally well managed. However, patient weights were not routinely recorded on the medication administration charts and there was a lack of consistency in the way staff were recording medication administration with patients' evaluation of care notes.

The health board must ensure that staff record patients' weight on the medication administration charts.

The health board must ensure that staff consistently record medication administration with patients' evaluation of care notes.

Both wards shared a medication storage fridge located on Y Bannau ward due to issues with the room temperature on Epynt ward. We noted that the fridge was left unlocked, when staff were not present, on a number of occasions during the inspection. However, the room within which the fridge was located was always locked.

The health board must ensure that the medication storage fridge is locked when staff are not in attendance.

There was evidence of pain assessments taking place with nurses, when administering medication, asking patients if they needed any pain relief. However, we found inconsistencies in the pain scoring documentation.

The health board must ensure that pain scores are recorded consistent and accurately.

Effective

Effective Care

There was evidence of very good multi-disciplinary working between the nursing and medical staff on both wards.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving generally safe and clinically effective care.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were processes in place on both wards for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

We found that pressure area and skin integrity risk assessment were updated regularly and that referrals to the tissue viability specialist nurse made as required. However, we found that, on Epynt ward, records of referrals to the tissue viability nurses, and other professionals were not detailed.

The health board must ensure that referrals to other professionals are accurately recorded within patient care notes.

National Early Warning Score (NEWS) system was reflected in the assessment and care planning process, with evidence of full screening and assessment on admission and regular reviews at weekly intervals. However, we found two examples on Y Bannau ward where NEWS scores had been wrongly calculated.

The health board must ensure that NEWS assessments are undertaken in a consistent way and that scores are accurately recorded.

Staff were aware of the Sepsis pathway and care bundle and could describe how they would manage a patient with suspected or confirmed Sepsis. However, there was no evidence of staff having undertaken Sepsis training nor did they have access to guidance relating to the Sepsis pathway.

The health board must ensure that staff receive training on the management of patients with Sepsis and that they have access to guidance relating to the sepsis pathway.

Nutrition and hydration

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission. However, we found that re-assessments were not always undertaken in a timely way.

The health board must ensure that nutrition and hydration assessments are reviewed regularly.

We found an effective system to cater for individual patient needs with good communication between care and catering staff on both wards.

Patients had access to fluids with water jugs available by the bedside.

Staff were seen helping patients to eat and drink. We observed lunchtime meals being served on both wards and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

All the meals are freshly cooked on site daily and looked well-presented and appetising. Patients told us that the food was very good.

Patient records

The quality of the patients' records we looked on both wards variable. We were told that that documentation audits were undertaken annually as part of fundamentals of care / health and care standards audit. There was some evidence of records audits, but they were limited in scope e.g., DoLS.

The health board should set a process in place for regularly auditing care records to ensure consistency, accuracy and legibility.

We found that records were being maintained in both electronic and paper formats, and that there was some disjoin between medical notes, nursing notes, documents kept at the bottom of patients' beds and those records maintained electronically. This made finding relevant information difficult. Some medical notes lacked chronology and, in some cases, were illegible. Some medical notes were not signed and dated.

The health board should review how records are maintained and, if possible, move to an entirely electronic system.

Efficient

Efficient

We saw staff striving to provide patients with efficient care.

There was a mix of patients receiving care on the ward which included patients with mental health care needs due to dementia, patients with high physical care needs and patients assessed as suitable for discharge and awaiting suitable care home placement or community care package. Staff were aware of and responsive to the varying needs of patients.

Quality of Management and Leadership

Staff feedback

Staff on both wards were generally happy with the working environment and the support provided to them.

We asked what could be done to improve the service. Comments included the following:

> *"On Y Bannau, the nurse call system has broken down over recent weeks. A temporary solution is in place however the ward no longer has an emergency call bell. This potentially places patients and staff at risk in event of an emergency."*
>
> *"Currently there is no Chapel of rest. This can be quite distressing should family chose to see their loved ones. I am told the senior management are addressing the problem but what actions are planned have not been communicated. Maybe the Health Board need to consider a service level agreement with a local undertaker enabling the deceased to be collected and taken directly to the Undertakers."*
>
> *"Need further training on Trac and ESR. Need a formal band 7 induction programme."*
>
> *"Crib sheet, or training around external services for discharge planning."*

The health board must give due consideration to the above staff comments and take steps to address the issues highlighted.

Leadership

Governance and Leadership

There was a clear structure in place to support the governance and management arrangements on both wards.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place on both wards. However, staff appraisal completion rates, although improving, were variable across both wards.

The health board must ensure that all staff receive an appraisal at least once every twelve months.

There was good communication, information sharing and mutual support between both ward managers.

There was also evidence of good day to day communication between the ward managers and staff. Staff meetings were taking place on a regular basis on Epynt ward whilst they had lapsed somewhat on Y Bannau ward.

The health board must ensure that staff meetings take place on a regular basis on Y Bannau ward and that minutes are shared with those staff members who are unable to attend.

Workforce

Skilled and Enabled Workforce

There was a formal staff recruitment process in place.

We looked at a sample of staff records on both wards and found that the appropriate procedures had been followed when recruiting staff and that relevant recruitment checks had been undertaken prior to the commencement of employment.

Staff on both wards were expected to complete training in subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding as well as service specific training. However, the staff training information provided showed mandatory training completion rates to be variable across both wards.

The heath board must ensure that staff complete all aspects of mandatory training.

Culture

People engagement, feedback and learning

We spoke with several staff members on both wards and found them to be friendly, approachable, and committed to delivering a high standard of care to patients, and staff told us that they generally work well together.

We were told by staff that the number of complaints received about the service was very low.

There was very little information on the wards to inform patients and visitors on how to make a complaint and one poster contained reference to the now dissolved Community Health Council.

The health board must display information on the wards on how to make a complaint and ensure that reference to the Community Health Council is replaced with details of Llais, which is the new national, independent body set up by the Welsh Government to give the people of Wales **a say in how they receive their health and social care services.**

We found that not all staff we spoke with were aware of their responsibilities under the Duty of Candour regulations with some staff telling us that they had undertaken e-learning with others telling us that they had not received any training on the subject.

The health board must ensure that staff are aware of their responsibilities under Duty of Candour and that they receive appropriate training on the subject.

Information

Information governance and digital technology

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Health board policies and procedures were kept on the intranet. However, not all the staff members spoken with knew how to access the policies and procedures.

The health board must ensure that all staff know how to access policies and procedures on the intranet.

Learning, improvement and research

Quality improvement activities

Regular audits were being undertaken on both wards in order to monitor and improve the quality of care provided.

Whole system approach

Partnership working and development

We were told that the ward was well supported by other professionals such as the local GPs, pharmacists, physiotherapists and dieticians.

4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate issues were identified and escalated during this inspection.			

Appendix B - Immediate improvement plan

Service: Epynt and Y Bannau Wards, Brecon Hospital

Date of inspection: 26 and 27 September 2023

The table below includes where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
No immediate concerns about patient safety were identified during this inspection.				

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

Service: Epynt and Y Bannau Wards, Brecon Hospital

Date of inspection: 26 and 27 September 2023

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
We found a number of leaflet racks on both wards.	The heath board should remove the empty leaflet racks if no longer required.	• Ward Managers to illicit what racks are required and either remove the surplus ones or use them.	Ward Managers	Completed November 2023
We found that both palliative care suites required refurbishment to make them less clinical in appearance and more comfortable for patients and their relatives.	The health board should consider refurbishing the palliative care facilities on both wards to make them less clinical in appearance and more comfortable for patients and relatives.	• To request redecoration through estates maintenance team to improve the appearance of the area and make it feel warmer & less clinical. • Some further equipment will be required fridge, microwave, pictures etc) consideration through charitable funds or League of	Ward Manager Community Services Manager (CSM)	December 2023

		Friends funding. Ward sister to compile a list with costs.		
The garden area adjacent to Y Bannau was not accessible to patients and their visitors and in particular those patients in receipt of palliative care.	The health board should consider ways of making the garden area adjacent to Y Bannau ward more accessible to patients and their relatives.	• Ward manager and CSM are reviewing a plan to improve this area. • Staff member has been appointed to oversee processes and applications for funding.	Ward manager and CSM will escalate through Community services group (CSG) operational meeting.	3-month review and monthly thereafter. Initial update expected February 2024.
We were told that GPs were not always able to attend some of the multidisciplinary team meetings due to other work commitments.	The health board should review the timings of MDT meetings to ensure that GPs are able to attend.	• Request made to GP practices to review attendance. • GP feedback and input into care is included at all MDT.	Community services manager to report via exception through CSG quality and safety meeting.	Monthly reporting from December 2023.
We noted that both the DNACPR and escalation of treatment forms had red borders which could lead to confusion, and we recommend that these be reviewed.	The health board should look at ways to distinguish between the DNACPR and escalation of treatment forms to avoid confusion.	• This is under review at an all-Wales level. • Staff reminded to be aware of which form is being reviewed. • Untoward incidents to be reported via Datix.	Escalation by exception reporting by CSM through CSG Quality and safety meeting.	Monthly reporting from December 2023

The emergency call bell on Y Bannau ward and a call bell in one of the bathrooms on Epynt ward was not working.	The health board must repair the emergency call bell on Y Bannau ward and the call bell within one of the bathrooms on Epynt ward without further delay.	• This was escalated at the time the fault was discovered. • A temporary system was deployed to mitigate the risks. • This has since been repaired and is currently working. • Persistent issues to be escalated and inserted onto risk register. • Continued monitoring and escalation must be in place.	Ward Managers/CSM's Exceptions to be reported through operational and Q&S group reports by CSM.	Completed October 2023
Documentation relating to patient discharge was not always reflective of the process and the decisions made. In addition, some patients were being accommodated for longer than was needed due to delays in social worker assessments or the availability of suitable community care packages.	The health board must ensure that the discharge planning documentation is reflective of the process undertaken and the decisions made. The health board must continue to engage with the local authority with a view to improving the availability	• The health board has twice weekly decision control group (DCG) meeting where the LA are represented by senior team members and concerns are escalated and communicated.	Escalation through weekly ward flow meetings for DCG. Assistant Director CSG and HoN CSG	Completed November 2023

	of suitable social care provision to facilitate timely patient discharge.	• The health board will liaise with ward nursing teams to ensure discharge documentation evidences the patient pathway and discharge processes.		
Staff Welsh language training uptake was poor and there was no directory of available Welsh speaking staff to assist in communicating with patients who chose to speak in Welsh.	The health board must continue with efforts to encourage staff to learn Welsh and consider drawing up a directory of Welsh speakers that could be called upon for assistance if required.	• The importance of Welsh language is maintained through all meetings. • Staff encouraged to make the active offer. • Staff encouraged to undertake Welsh language training. • Rosters and Uniforms reflect Welsh speaking staff, and we try where possible to ensure we have one member of staff who is Welsh speaking.	Reporting through CSG Patient Experience and Quality Group meeting and Patient Experience Steering Group (PSEG) Audited annually via fundamentals of care. Ward manager/CSM	Tri Annual review. Completed November 2023

There was no hearing loop equipment on either ward to assist in communicating with patients and visitors who may be hard of hearing.	The health board should consider providing hearing loop equipment on both wards.	• Hearing loops are available on all wards – staff made aware of the location and how to use.	Ward manager	Completed September 2023
We found staff knowledge and application of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act to be variable.	The health board must ensure that staff are provided with further training relating to DoLS and Mental Capacity.	• Staff encouraged to complete and update DoLS training. • Safeguarding team have offered bespoke training to the ward team to improve the application of this knowledge. • Wards to achieve 85% training compliance by March 2024.	Ward manager to update CSM at monthly 1:1 regarding compliance with training. CSM to provide update in CSG Patient Experience & Quality Group meeting bi-monthly.	Completed November 2023 Training compliance target March 2024
We found an example on Epynt ward where a DoLS authorisation had lapsed.	The health board must ensure that staff adhere to the DoLS process and monitor timeframes to ensure that re-assessments are undertaken in a timely way.	• Oversight of expiry dates of DoLs required. • Question added to the monthly DoLs audit for inpatient wards.	Ward Manager CSM	Completed September 2023

		• Care plans implemented for all patients under DoLs which will provide all the details for improved monitoring of the process, including the date of the DoLs application, the date the DoLs is approved and the expiry date. The RP visit date is also included. • The care plan will be reviewed weekly alongside all other aspects of planned care. • Ward sister will add to the agenda for the next ward meeting in November.		
Falls risk assessments were not being reviewed regularly.	The health board must ensure that falls risk assessments are regularly reviewed.	• Biweekly review of Welsh Nursing Clinical Record (WNCR) in place.	Ward Manager CSM Head of Nursing	Completed November 2023

		• Nursing team reminded of the importance of reviews, weekly, as per policy or if there is a change in patient condition. • Recorded in ward meeting minutes and disseminated to all ward leaders at the relevant team meeting.	Escalation through CSG Patient Experience & Quality Group meeting by exception reporting.	
Medical equipment and some supplies of PPE were being stored within corridor areas on both wards increasing the risk of cross infection. Some medical equipment was also being charged on the corridor on Epynt ward. Portable suction machines were being stored on the floor in the corridor on Epynt ward. Not only does this increase the risk of trips and falls, but it also increases the risk of cross infection.	The health board must ensure that equipment is appropriately stored to reduce the risk of falls and cross infection.	• This was immediately resolved, following delivery of the items. • Central storage under review for all areas by the organisation. • Portable suction concern resolved on day of visit. • CSM to undertake spot checks on subsequent visits.	Ward Manager CSM	Completed November 2023

The flooring within most areas of Epynt ward had become detached form the walls. Not only was this unsightly but it also made it difficult to keep clean and increases the risk of cross infection.	The health board must take steps to repair the flooring on Epynt ward.	• This will form part of the improvement works being managed and coordinated by one individual within the community services group. • Escalated through operational and estates working groups.	CSM Head of Nursing Assistant Director.	March 2024
Plastic aprons were being draped on handrails within the corridor on Y Bannau ward and some of the aprons had fallen on to the floor thus increasing the risk of cross infection.	The health board must ensure that all items of PPE are appropriately stored.	• Alternative dispensers being sourced.	Ward Manager Escalation through CSM if not able to rectify.	January 2024
Staff on Y Bannau ward were not cleaning the blood pressure monitoring equipment between patients.	The health board must ensure that staff clean the blood pressure monitoring equipment between patients.	• All staff have been reminded of our responsibility for cleaning equipment through our team and ward level meetings. • Cleaning schedule updated and frequent Audits in place by IP&C	Ward Manager	Completed October 2023

Outcomes of audits were not displayed on the wards for patients, visitors, and staff to see.	The health board should display the outcome of audits on the wards for patients, visitors, and staff to see.	• Audit display boards are now in place. • Monthly audits to be published. • Spot checks by CSM and HoN during visits.	Ward Manager CSM HoN	Completed November 2023
The blood transfusion policy in place was due for review in 2020.	The health bord must review and update the blood transfusion policy.	• Blood transfusion policies have been updated and published. • Training needs analysis undertaken for blood transfusion delivery. • Ward to achieve 85% compliance by April 2024	Ward manager CSM Exception reporting through CSG Patient Experience & Quality Group meeting.	Policy update completed November 2023 Training compliance April 2024
Staff were unaware of the Serious Hazard of Transfusion (SHOT) reporting process.	The health board must ensure that all staff involved in the transfusion of blood and blood related products are aware of the SHOT reporting process.	• Training needs analysis undertaken for blood transfusion delivery. • Ward to achieve 85% compliance by April 2024	Ward manager CSM Exception reporting through CSG Patient Experience & Quality Group meeting and	April 2024

			Health & Safety Group.	
Patient weights were not routinely recorded on the medication administration charts.	The health board must ensure that staff record patients' weight on the medication administration charts.	• Weights are undertaken on admission and at regular intervals. • Staff reminded to document on medication charts to ensure that medications requiring weight calculation can be prescribed safely. • Added to ward meeting and shared with all staff. • Spot checks to be undertaken by senior management team visits. • Omissions to be added to datix and reported through medicines management team.	Ward manager CSM Exception reporting through CSG Patient Experience & Quality Group meeting and Health & Safety Group.	Completed November 2023

		• Monthly analysis of medication errors to be conducted.		
There was a lack of consistency in the way staff were recording medication administration with patients' evaluation of care notes.	The health board must ensure that staff consistently record medication administration with patients' evaluation of care notes.	• Evaluation of care records review to be undertaken by ward manager on WNCR • Ward manager to ensure that team are aware of the best practice approach in relating care implementation to documentation.	Ward manager CSM Exception reporting through CSG Patient Experience & Quality Group meeting and Health & Safety Group.	Completed November 2023
The medication fridge was left unlocked, when staff were not present, on a number of occasions during the inspection.	The health board must ensure that the medication storage fridge is locked when staff are not in attendance.	• Staff reminded immediately during the visit, and this has been reiterated during a team meeting. • Spots checks to take place during SMT visits.	Escalation via exception reporting through CSG Patient Experience & Quality Group meeting and CSM 1:1 with HoN	Completed September 2023
We found inconsistencies in the pain scoring documentation.	The health board must ensure that pain scores are recorded consistent and accurately.	• Pain scoring is now undertaken on WNCR.	Ward Manager HoN	Completed November 2023

		• Relevant actions are documented in the delivery of care update to include efficacy of analgesia. • HoN to undertake random spot check of pain scoring on WNCR monthly and use as a mechanism for shared learning.	Exception reporting through CSG Patient Experience & Quality Group meeting	
We found that documentation relating to referrals to the tissue viability nurses, and other professionals was not detailed.	The health board must ensure that referrals to other professionals are accurately recorded within patient care notes.	• Review of referral processes to be undertaken and forward moving plan disseminated to ensure detailed referrals are accurately documented.	CSM to undertake a review of referral systems and report to HoN by March 2024.	Completed October 2023
We found two examples on Y Bannau ward where National Early Warning Scores (NEWS) had been wrongly calculated.	The health board must ensure that NEWS assessments are undertaken in a consistent way and that scores are accurately recorded.	• Training needs analysis undertaken and opportunity for additional education has been identified.	Ward Manager HoN Exception reporting through CSG Patient Experience &	Completed November 2023

		• Clinical education team building a program of education. • Education provided to teams at ward level in a bespoke session in November 2023. • Opportunities for feedback and education to be taken during clinical visits by CSM and HoN	Quality Group meeting	
There was no evidence of staff having undertaken Sepsis training nor did they have access to guidance relating to the Sepsis pathway.	The health board must ensure that staff receive training on the management of patients with Sepsis and that they have access to guidance relating to the sepsis pathway.	• The current training on ESR is out of date and requires updating. • To source a training provider. • CSM undertaking TNA due by 9th November clinical education will establish a timeline for implementation. • Sepsis Policy available to all staff via Sharepoint	CSM HON Education Department	Policy availability Completed November 2023 Training completion April 2024

We found that nutritional assessments were not always reviewed in a timely way.	The health board must ensure that nutrition and hydration assessments are reviewed regularly.	• Nutritional assessments are now being tracked through WNCR. • Relevant care planning has not been available since transition to WASSP. • Dietetics working with HoN and wards to develop bespoke care planning. • Teams reminded of the importance of regular reviews.	Ward Manager HoN Exception reporting through CSG Patient Experience & Quality Group meeting	Completed October 2023 Bespoke Care planning May 2024
The quality of the patients' records we looked on both wards variable and there was no evidence of regular documentation audits taking place.	The health board should set a process in place for regularly auditing care records to ensure consistency, accuracy, and legibility.	• CSM to develop existing documentation audit tool and trial with 5 sets of medical records (written and electronic) in November. • Focus on the quality of written documentation. • Ward sister will add to the agenda for the next	Ward Managers CSM Monitored through 1:1's and escalated as appropriate via exception reporting within CSG Patient Experience &	Documentation Audit completed November 2023

		ward meeting in November	Quality Group meeting.	
There was some disjoin between medical notes, nursing notes, documents kept at the bottom of patients' beds and those records maintained electronically. This made finding relevant information difficult. Some medical notes lacked chronology and, in some cases, were illegible. Some medical notes were not signed and dated.	The health board should review how records are maintained and, if possible, move to an entirely electronic system.	• As multiple platforms for documentation are not just an issue within PTHB but across Wales, this has been added to the risk register.	CSM	Completed October 2023
Staff, in response to the HIW questionnaire, made suggestions as to how the service could be improved.	The health board must give due consideration to the staff comments and take steps to address the issues highlighted.	• The feedback from staff will be taken through the PESQ for broader learning and consideration in line with transformation, enabling ownership at local level.	HoN	Completed October 2023
Staff appraisal completion rates, although improving, were variable across both wards.	The health board must ensure that all staff receive an appraisal at least once every twelve months.	• Ward sisters reminded of the requirement to	Ward Managers CSM's	February 2024

		improve compliance with PADR rates. • PADR compliance to me monitored through BI system and reported through CSG Q&S process. • Encouraged to plan time effectively with improvements required month on month. • CSM to be responsible for ensuring progression within teams of responsibility. • 85% compliance to be achieved by February 2024.		
Staff meetings were not taking place on a regular basis on lapsed Y Bannau ward.	The health board must ensure that staff meetings take place on a regular basis on Y Bannau ward and that minutes are shared with those staff members who are unable to attend.	• Ward meetings to be reinstated and held on a monthly basis. • Minutes to be recorded and shared with CSM.	Ward Managers	Completed November 2023

The staff training information provided showed mandatory training completion rates to be variable across both wards.	The heath board must ensure that staff complete all aspects of mandatory training.	• ILS/BLS booked as far as dates are available. • Dementia/Falls/Paul Ridd to be added to mandatory training for wards. • Staff being managed who have consistently and persistent low % of compliance. • Training is reviewed monthly by ward Manager and CSM and exceptions are reported through Quality and safety group.	Ward Manager CSM	Completed November 2023
There was very little information on the wards to inform patients and visitors on how to make a complaint and one poster contained reference to the now dissolved Community Health Council.	The health board must display information on the wards on how to make a complaint and ensure that reference to the Community Health Council is replaced with details of Llais, which is the new national, independent body set up by the Welsh Government to give the people of Wales a say in how they receive their health and social care services.	• Boards to be installed in all ward areas. • To consider using an existing space on temporary basis.	Corporate Services Q&S Team CSM	Completed September 2023

Not all staff were aware of their responsibilities under the Duty of Candour regulations.	The health board must ensure that staff are aware of their responsibilities under Duty of Candour and that they receive appropriate training on the subject.	• Ward sisters to undertake the appropriate training and encourage all qualified staff to undertake. • Ward sisters to monitor the numbers of staff trained through the PADR and staff development process. • Ward sister will add to the agenda for the next ward meeting in November. • Information printed and laminated in both ward areas.	Ward Managers	Completed October 2023
Not all the staff knew how to access the policies and procedures.	The health board must ensure that all staff know how to access policies and procedures on the intranet.	• All staff made aware of the health board intranet pages where policies can be accessed.	Ward Manager	Completed September 2023

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): Linzi Shone

Job role: Professional Head of Nursing

Date: 5/12/2023