

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Morriston Hospital

Ward/ Department: Ward M, Oakwood Ward and PAU (Children's Services)

Date of inspection: 9 and 10 September 2015

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
11	The health board should progress with its strategy to develop the children's wards and assessment unit and communicate this to staff working in these areas. (Health and Care Standards, Standard 6.2)	Paper undertaken regarding proposed service model. Regular meetings held by key professionals to continue working towards a model. Site visits already been undertaken. Continue to be discussed at Senior Management/Site meetings and team brief.	Health Board Director of Planning	Review April 2016

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care				
15	<p>The health board should consider whether further action is required to increase staff awareness of patient safety solutions issued by Welsh Government relevant to their area of clinical practice. (Health and Care Standards, Standard 2.1)</p>	<p>Information cascaded to staff via Head of Nursing. Discussed at Sisters meeting/ Risk/ Q&S Ward. Sisters place information within ward areas. Quarterly newsletter. Need to re view current arrangements and ensure that this is picked up during weekly audits and Pyramid walks by Lead Nursing staff.</p>	<p>Unit Nurse Director / Head of Nursing</p>	<p>February 2016</p>
17	<p>The health board must make suitable arrangements to ensure staff adhere to the health board's policy for the recording of controlled drugs when these are used in the clinical area. (Health and Care Standards, Standard 2.6)</p>	<p>E-Mail sent by Interim Head of Nursing to all departments regarding the recording of oromorphine. Staff are asked to record the volume remaining in the bottle following use. Spot check by Head of Nursing in early February to ensure compliance Three monthly routine checks undertaken with Unit/Ward Pharmacist.</p>	<p>Unit Nurse Director / Head of Nursing</p>	<p>February 2016</p>
21	<p>The health board must make suitable arrangements to ensure healthcare professionals (including doctors, nurses and</p>	<p>Letter from Service Director to be sent to all medical staff reminding them regarding the standards for record keeping, and the need for all documentation to be legible.</p>	<p>Service Director / Clinical Director / Unit Nurse Director</p>	<p>February 2016</p>

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	midwives) maintain patient records in accordance with current professional standards for record keeping. (Health and Care Standards, Standard 3.5)	Annual record keeping audits undertaken by nursing staff undertaken. Record keeping issues discussed at mandatory skills days for all nursing staff.		
	Quality of Management and Leadership			
	None identified from this inspection.			

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Singleton Hospital

Ward/ Department: Neonatal Unit and Ward 19 (Maternity)

Date of inspection: 9 and 10 September 2015

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	Delivery of Safe and Effective Care			
15	The health board should consider whether further action is required to increase staff awareness of patient safety solutions issued by Welsh Government relevant to their area of clinical practice. (Health and Care Standards, Standard 2.1)	A variety of methods to communicate safety notices are currently in place. All staff have access to email accounts, sisters are sent information, safety notices are put in clinical areas and discussed at handovers & the maternity services have a quarterly risk	Lead Midwife Risk Midwife & Governance manager	Completed

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
		newsletter. Plan to test staff awareness of the current safety notices and newsletter as part of the monthly assurance audits on the ward.		
17	The health board should explore ways in which the quality and presentation of food on the maternity ward can be improved. (Health and Care Standards, Standard 2.5)	Feedback was given to the Hotel Services department – due to the location of the maternity unit away from the main hospital block a cooked freeze service is in place. Hostess staffed have been reminded of importance of food presentation. New hostess also in place on ward 19.	Lead midwife	completed
17	The health board must make suitable arrangements to ensure staff adhere to the health board's policy for the recording of controlled drugs when these are used in the clinical area. (Health and Care Standards, Standard 2.6)	Staff have had updates on the controlled drug policy on the professional training days. Audits have been undertaken on the administration of controlled drugs on the labour ward in 2015.	Lead Intrapartum manager & Supervisor of Midwives	Completed
21	The health board must make suitable arrangements to ensure healthcare professionals (including doctors, nurses and midwives) maintain patient records in accordance with current professional standards for record keeping.	Clinical Director reminded medical staff of the requirement to maintain medical records and need for legible entries in the records. Midwifery services are undertaking audits of maternity records – 2 sets per midwife as part of	Clinical Director Supervisor of Midwives & all	Completed 31/01/2015

Page Number	Improvement needed	Health Board Action	Responsible Officer	Timescale
	(Health and Care Standards, Standard 3.5)	the Welsh Risk Pool requirements	midwifery staff	
	Quality of Management and Leadership			
	None identified from this inspection.			

Health Board Representatives:

Name (print): Jane Phillips

Title: Interim Head of Nursing Midwifery

Date: [received 20 January 2016]

Name (print): Eirlys Thomas

Title: Head of Nursing Children and Neonatal Services

Date: [received 20 January 2016]