



CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

HYWEL DDA

**Glangwili General
Hospital**

Derwen Ward

November 2019

About Hywel Dda Community Health Council (CHC)

We represent independently and without bias the interests of patients and the public in the way that National Health Services (NHS) are planned and provided across the counties of Carmarthenshire, Ceredigion and Pembrokeshire.

Our volunteer members who live in the communities we serve are supported by a small team of staff who work together to:

- Carry out regular visits to health services talking to the people using the service and the people providing the care to influence the changes that can make a big difference;
- Get involved with health service managers when they are planning service developments and larger scale service change to emphasise the patient view right from the start;
- Provide free and confidential support through complaints advocacy if things go wrong and if the health service complaints process isn't working;
- Reach out more widely to patients and their families across communities to provide information, and to gather views and experiences so that we can represent your interests to health service managers and to policy makers.

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Introduction

Glangwili General Hospital in Carmarthen is the largest acute District General Hospital in South West Wales. It provides in-patient care, outpatient facilities and a wide range of services, mainly to residents within the Hywel Dda area. It also has a 24 hour Accident and Emergency department.

This report sets out the findings from our unannounced visit to Derwen Ward at Glangwili hospital.



As part of its day-to-day activities, the CHC undertakes visits to NHS premises to listen to patients, carers and their families about their experiences of NHS care. These visits are usually part of a planned series of CHC activities that help us to understand what is happening within the Hywel Dda area.

Our visits

Occasionally, the CHC will do unannounced, responsive visits to NHS settings. These visits are not part of our pre-planned work programme but are done when we have had concerns or issues raised with us by members of the public. In these visits, we may use specific questions or themes to help us better understand and explore further what people have already told us.

We visited Derwen ward, where patients have Orthopaedic surgery (usually related to bones) or Urology surgery (usually related to the bladder and urinary tract). We spoke to patients, families and NHS staff to find out more about the care delivered and received on the ward.

We are grateful to people who wanted to share their stories with us. This provided us with a snapshot of the views and experiences of people who were there on that day. Other people who attended the same ward at other times may have different views and experiences.

What we did

We visited the hospital on the morning of the 20th November 2019 to hear from patients on Derwen ward about their care.

We used some broad, general questions because we wanted to have open and honest conversations with people about what mattered to them. We asked people to tell us what they thought was good and what could be better as it was important to hear about the positives and the negatives.

In particular, based on comments we had already received from people, we wanted to know:

- How they came to be on the ward? Was it because they had been sent there from the A&E department or had their GP referred them to the hospital or had they been seen in an outpatient clinic and sent to the ward?
- If they felt safe and well cared for on the ward.
- If they felt that they had they been kept informed about their treatment and care.

- If they had been encouraged to get dressed, sit by the side of the bed and mobilise during their stay on the ward.
- How were the facilities on the ward?
- What the food and drink was like?
- If they had been told when they could go home and what was going to happen following discharge.

Who we spoke to

We spoke to orthopaedic patients and urology patients on the ward. Some had already had their operations and some were waiting to have their operations that day.

What people told us

We asked people how they had got to the ward. We needed to understand if they had been sent via A&E, GP referral or from an outpatient appointment. Most people had come via the A&E department at Glangwili. Some had come from an outpatient appointment.

Those who had come from the A& E department stated that they had to wait between 2 - 6 hours to be admitted to the ward.

They all stated that the A&E staff were excellent and very caring. They also stated that their privacy and dignity was maintained at all times within the A&E department.

We asked patients if they found that staff on Derwen ward were approachable and helpful and if staff had time for them. There were mixed feelings from the patients we spoke to.

There were a number of positive comments:

"All staff are friendly they are very busy I am stunned by how much work they do".

"Staff have been saints".

"Happy, more or less been in a week".

"Staff have been friendly very busy doing all sorts of chores".

"Yes they have plenty of time for you".

There were some negative comments linked with nursing staff being busy. Patient comments gave the impression that the unit was short staffed because nurses were undertaking tasks that were not always directly involved in providing patient care:

"Mixed experience here, the nurses spend too much time on cleaning, which distracts them from their proper jobs".

"Sometimes the staff can be short with you".

"If you are ok, staff seem to put you on the back burner. I've run out of water nobody has been in to check. Some people are worse than me and take the nurses time up".

"If staff say they will come back in ten minutes after you buzz then they should come back in 10 minutes and I should not wait an hour, if they cannot come to you for an hour then they should say that".

"Staff are good, not enough of them at night".

Some medical staff were noted not to have communicated well with patients:

"I've been on 3 different wards, the nurses in Preseli were great, not so great on the Surgical assessment unit. On this ward I was told by the consultant as I had some complications after surgery, sometimes these things happen and some people have complications."

"The Consultant has no bedside manner. The Consultant did not introduce his name before the operation or after, I do not know who I am under. Registrar is more helpful and investigates more than the Consultant. The nurses are good it feels that they are short staffed and sometimes they are short with you".

Learning from what people told us

The Health Board should review how much time the staff have to spend with patients and see if this can be improved so that patients do not feel that staff are too busy for them.

Staff need to be encouraged to introduce themselves to patients. Knowing the name of the people treating you and caring for you is important to patients.

Staff need to be reminded that patients are often worried and sometimes in pain. Good communication can help patients feel that they are being heard.

All staff should show empathy to patients. Whilst a member of staff may undertake a number of similar procedures every week, for the patient, this may be their first and only experience of that kind. Trying to understand the patient's individual experience is important every time.

Feeling safe

When people are in hospital, it is natural that they may feel anxious about their health and the tests and treatment they might need. Often there is a lot of uncertainty about what the future holds for them, whether they will be in pain and whether their lives are going to change. Having good communication with health care workers can build patients' confidence.

We asked patients if they felt safe and whether things were in control during their care and treatment. We also asked them if they felt that they had been well communicated with about their care.

Most people told us that they felt safe in hospital although some people did not know when they were going to leave hospital and this was unsettling. Some people felt that they were talked at instead of being listened to. Some people did not know anything about their care or what was happening next.

Again, there were some positive comments about a number of different staff:

"Feel in control at night when help is needed, the staff are there to help".

"Good communication with all staff".

"Yes they explained everything to me".

"Feel safe".

"They tell me whats happening and if they don't, I ask".

"Given information and happy"

“Yes know everything, the OT has phoned Pembrokeshire so I can have my OT treatment there”

Some people did not feel that things were going so well and could give examples of what this meant for them:

“There’s a big difference between Junior and Senior doctors. Senior Doctors do not listen to Junior Doctors, I was passing blood nothing really done until I fainted. The Junior Doctor was good”.

“Not told anything on what’s happening, there is supposed to be a meeting today, think I will not be able to be discharged as there still blood in my urine. I do know about my after care as I am a patient at Velindre”.

“My outpatient letters are good but when you phone sometimes they do get it wrong. In hospital they told me they will have to contact Singleton before I am discharged. The Consultant came in and says there is no radiologist, so cannot get discharged. Nobody singing off the same hymn sheet they give you false hope and you feel let down”.

“Not told anything and when I am told something they are conflicting messages. Consultant said discharge this morning and I am still in pain, nurses said no discharge”.

“I don’t know who did the operation, nobody came to see me general doctor came but not the one who did the operation”
I was discharged 3 weeks ago and had no aftercare, nobody told me or explained to me about the care after my operation, now I am back in here”.

“No discussion in relation to discharge, I was given physio the day after the operation but it was too painful and I haven’t seen one since so I don’t know what’s happening, nurses help me up though”.

There seems to be lots of variation in people’s experiences. For some people everything seemed to be clear but other people were left worried and uncertain about what was happening. It is important that people are well informed about their health and care, any decisions that have to be made and the things that are important to them. Different people have different information needs and people will have more confidence if they have the information they need and feel that they can talk to staff and be listened to.

Learning from what people told us

The Health Board should identify more ways of giving people the information that they need. Some people want to know more, others may not want too much detail. Some people may want to talk things through, others may prefer to read information.

It is important that information given to patients is consistent. Conflicting messages from staff can cause more worry and uncertainty.

Staff need to discuss with people the plans about going home so that people can feel safe about their discharge.

Make sure that things are explained to people in a language that they can understand and that they have a chance to ask questions.

Patients must feel that they have been listened to. This usually means that staff need time to build up rapport so that they can understand their home situation, worries and concerns.

It is also important that people know who is caring for them and what their role is in their care and treatment.

Food, drink and the facilities

Eating and drinking appropriately is important to people's recovery whilst they are in hospital. In addition, when people are in hospital for any length of time, they often look forward to mealtimes as it breaks up the day which can otherwise feel very long.

We asked people what they thought about the food they had in hospital. We also wanted to know if they could easily have drinks throughout the day.

There were different opinions on the food. Views went from "excellent" to "ok" to "not great". Whilst it might be expected that not everyone's preferences and tastes could be catered for, some comments indicated that the food was not something that patients looked forward to.

Some patients were unable to have food or drink on the ward when we spoke to them because they had to be "nil by mouth" as they were going to have an operation that morning and they were unable to give us any opinions.

"Food is excellent, plenty of tea and coffee".

"A variety of food would be nice, if you have been in hospital for a while its repetitive".

"Food not great, had sausage and mash with veg, it was hard, could tell it had been reheated".

"Sandwich had no butter, it was dry".

"Not offered tea and coffee at 10 am".

"Food ok".

One person told us that they had been managing their diabetes for over 40 years and they could do this really well at home. In hospital this was far more difficult because mealtimes were not in their control:

"Food is fine I can't complain, waiting for meals is the problem. As a diabetic for 40 years, I normally inject my insulin an hour before I have my meals, this is difficult here as I don't know what time we are having our meals, especially breakfast. The trolley comes at 6 but we don't have breakfast until 9:15".

"Supper is at 6 and there is no snack afterwards. I would normally have a snack at home".

We also asked people about the facilities that they used on the ward such as the bathrooms and toilets. Most people said that the facilities were ok although one person stated that the width of the bathroom doors was small and they could not get a wheel chair through easily.

We asked people if they were encouraged to mobilise in the ward and to get out of bed and sit in a chair. All patients stated that they were encouraged to move around and to sit in the chair next to their bed. This is a good feature as it stops people becoming confined to their beds for any length of time.

Learning from what people told us

The Health Board should review menus and food delivery arrangements so that food is more palatable and people know when to plan for the arrival of meals.

A choice of hot drinks such as tea and coffee should be available at a range of times.

A snack system needs to be available so that people with additional dietary needs can have more control over their food intake.

The Environment of Derwen Ward

Derwen ward is a busy mixed 25 bedded ward with orthopaedic and urology patients. On the ward, some patients have already had their treatment whilst others are still waiting for procedures and treatment. At one end of the ward there is a clinical room that is used for some kinds of patient care eg catheter care or medication such as chemotherapy treatment.

On the day the CHC visited the ward was extremely busy, it was fully staffed with no agency staff. There were no beds available for day surgery or emergency patients. The people we spoke to were not expecting to be discharged that day.

We asked patients if they were having enough rest in the day and night. We wanted to know how calm and restful the ward was at different times.

There was mixed feelings about the ward and there were comments about noise levels.

People understood that there were patients with dementia who were being cared for on the ward. Sometimes these patients kept nurses busy, ringing the buzzer frequently and shouting during the day and night. This made it hard for some people to sleep or have any quality rest on the ward. People stated that the nurses were very patient with people with dementia.

People told us that sometimes the nurses were talking quite loudly especially at the nurse station and this could be disturbing and unhelpful. They also stated that the ward was also busy at night and it felt that there was not enough staff on duty.

We found that the ward itself was little tired especially the day room which was very basic. The day room was not a traditional day room where patients could spend time away from their beds. Instead, it was a room where day patients sat and waited for a bed. The chairs were hard and uncomfortable and not of different heights. There was no reading material available and there was no water available for those patients who were able to drink whilst they were waiting for day surgery.

Patients coming into the ward for day surgery were expected to change into a gown in a room no bigger than a cupboard. This was undignified and did not help patients feel safe.

There was no private room available for health care professionals to speak to the patient before they had their surgery. This did not readily allow people to ask questions or share important information. There was also nowhere for patients to keep their valuables whilst they were on the ward.

As part of the visit we also spoke to staff on the ward to ask general questions on staffing, care, beds and the environment.

We were told that during the night, on one occasion, a patient was discharged at 5am in the morning to go to another ward in a different hospital. This was not ideal for the patient concerned and also was a disturbance to other patients.

We were also informed that 10 day cases had not received chemotherapy the previous week because the ward had needed to use the additional capacity in the clinical area to accommodate in-patients. This meant that those patients expecting to have chemotherapy had to go home. This was likely to have been a significant concern for those patients and their families.

Learning from what people told us

The Health Board should review the existing facilities for day-case patients. This should include identification of appropriate changing facilities and availability of a private room where procedures and care can be explained to patients.

The Health Board should identify how often patients have had to be discharged at inappropriate times and take action to ensure that this does not happen routinely.

Patient facilities within the day room need to be reviewed from a patient perspective. Better seating, reading materials and availability of fresh water need to be considered.

Staff need to remember the importance of trying to minimise noise at night. Staff conversations in patient areas should be kept to a bare minimum to try to avoid noise disruption for patients.

Patients expecting to have chemotherapy should not have their treatment unnecessarily delayed because of capacity issues. This may mean looking at both staffing and space in other areas within the hospital.

Some other aspects of NHS care

When we visit people in hospitals and other health care settings to talk to them about the care that they are receiving, we also ask them about any other NHS experiences or views that they want to share with us.

During this particular visit, people commented on parking being a frequent problem for those who were visiting them. The CHC understands that the Health Board is reviewing parking at Glangwili hospital. Some changes have been implemented but these have not addressed the parking issues satisfactorily. We understand that this situation is being further reviewed and we await the outcome.

Summing up

We would like to thank everyone who shared their views and experiences with us during our visit. We rely on the willingness of people to talk to us about their health care, so that we know what is good and what needs to change. We appreciate this isn't always an easy thing to do when people are unwell and still being cared for.

It is important that people let us know what is happening so that where changes are needed, these can be identified. People are reluctant to raise real concerns when they have them because they understand that the NHS is under pressure.

This can mean that simple changes do not take place and other people can then encounter the same problem.

We are also grateful to the health board and their staff that made us feel welcome and helped us on our visit in their busy place of work.

Hywel Dda Community Health Council 2019



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Dear Tracey,

**RE: RESPONSE REQUIRED - HDCHC GLANGWILI GENERAL HOSPITAL – DERWEN
WARD VISIT NOVEMBER 2019**

Thank you for the report sent to the Health Board from the unannounced CHC visit to Derwen Ward at Glangwili General Hospital in November 2019.

The Health Board has accepted the recommendations in the report and has developed an action plan to ensure the areas of improvement are addressed at pace.

I hope the enclosed action plan will reassure you that the Health Board has acted in a timely manner to ensure patient care is at the highest standard.

Yours sincerely,

Mandy Rayani
Director of Nursing, Quality & Patient Experience

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Bwrdd Iechyd Prifysgol Hywel Dda yw enw gweithredol Bwrdd Iechyd Lleol Prifysgol Hywel Dda
Hywel Dda University Health Board is the operational name of Hywel Dda University Local Health Board

Mae Bwrdd Iechyd Prifysgol Hywel Dda yn amgylchedd di-fwg Hywel Dda University Health Board operates a smoke free environment

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 1					
The Health Board should review how much time the staff have to spend with patients and see if this can be improved so that patients do not feel that staff are too busy for them.	Ward establishments to be compliant with the Nurse Staffing Act.	The ward sister and Senior Nurse manager has worked closely with the Nurse staffing programme lead and the ward establishments are in line with the Nurse Staffing Act requirements.	Ward Sister & Senior Nurse Manager	Completed – review and monitoring will continue	Completed – review and monitoring will continue
	Any vacancies and/or sickness to be back-filled with temporary staffing as per risk assessments.	Agency/bank nurses are used to back fill when required. Patient acuity can influence the workload of staff, which can affect the time they have to spend with patients. Every effort is made to support time staff have with patients.	Ward Sister & Senior Nurse Manager	Completed – review and monitoring will continue	Completed – review and monitoring will continue
Recommendation 2					
Staff need to be encouraged to introduce themselves to patients.	Staff to be informed of the importance of introducing themselves	Completed and on-going reminders to staff	Ward Sister & Senior Nurse Manager	Completed – review and monitoring will	Completed – review and monitoring will continue

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Knowing the name of the people treating you and caring for you is important to patients.	when they care for patients on the ward. Staff to be reminded at hand over the importance of introducing themselves.	Completed and on-going reminders to staff	Ward Sister & Senior Nurse Manager	continue Completed	
Recommendation 3					
Staff need to be reminded that patients are often worried and sometimes in pain. Good communication can help patients feel that they are being heard.	Staff to be reminded of the importance of good communication with patients. Sisters to communicate through handover and team meetings. Close links with colleagues in the pain management teams when required.	Completed and on-going reminders to staff Completed and on-going reminders to staff Completed and on-going reminders to staff	Ward Sister Ward Sister Ward Sister	Completed Completed Completed	Completed and on-going review to monitor standards
Recommendation 4					
All staff should show empathy to patients. Whilst a member of staff	Staff to be reminded of the importance of empathising with	Completed and on-going review	Ward Sister	Completed	Completed and on-going review to monitor standards

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
may undertake a number of similar procedures every week, for the patient, this may be their first and only experience of that kind. Trying to understand the patient's individual experience is important every time.	patients. Ward Sisters to communicate with staff at hand over and team meetings.	Completed and on-going review	Ward Sister	Completed	Completed and on-going review to monitor standards
Recommendation 5					
The Health Board should identify more ways of giving people the information that they need. Some people want to know more, others may not want too much detail. Some people may want to talk things through, others may prefer to read information.	Staff to be reminded of the importance of good communication with patients, in order they understand the needs of patients during their in-patient stay.	Completed with on-going review and update	Ward Sister & Senior Nurse Manager	Completed	Completed – review and monitoring will continue
	Information leaflets available on wards to be easily accessible and visible.	Completed with on-going review and update	Ward Sister & Senior Nurse Manager	Completed	
Recommendation 6					
It is important that information given to patients is consistent.	As per recommendation 5				

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Conflicting messages from staff can cause more worry and uncertainty.					
Recommendation 7					
Staff need to discuss with people the plans about going home so that people can feel safe about their discharge.	Staff to be reminded of the importance of good and timely communication to ensure to safe discharge home.	Staff have been reminded of the importance of good communication, to support timely discharge	Ward Sister and MDT	Completed	Completed and on-going review to monitor standards
	Staff to work closely with patients, families and other Multi-disciplinary colleagues (including Local Authority) to assess and plan the patient's discharge needs.	Multi-disciplinary meetings with professionals from local Authority, medical, nursing and where appropriate Allied health Professionals are in place prior to discharge	MDT	Completed	
Recommendation 8					
Make sure that things are explained to people in a language that they can understand and that they have a chance to ask	Staff to be reminded of the importance of ensuring patients receive information in the language of their	Completed Language Line and other interpretation services are	Ward Sister	Completed	Completed – review and monitoring will continue

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
questions.	choice.	available and used on the ward areas.			
Recommendation 9					
Patients must feel that they have been listened to. This usually means that staff need time to build up rapport so that they can understand their home situation, worries and concerns.	Every effort to be made to support continuity of staff when allocating patient in order to build on a patient to staff rapport. As recommendation 7	Every effort is made to support continuity of staff in order to build up rapport with patients. However, there are times when supplementary staff are required to support staffing levels, this can impact on continuity.	Ward Sister	Completed	Completed and on-going review to monitor standards
Recommendation 10					
It is also important that people know who is caring for them and what their role is in their care and treatment.	As recommendation 2 Staff to be reminded of the importance of who is caring for them, this is to include who the Consultant or Clinician responsible for their care.	Completed	Ward Sister & MDT	Completed	
Recommendation 11					

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
The Health Board should review menus and food delivery arrangements so that food is more palatable and people know when to plan for the arrival of meals.	Hospital Menus to be reviewed regularly.	Patients are provided with a menu selection to choose what they would like to eat. When there is a specialised diet requirement, Nutrition & Dietetic colleagues are involved in care.	Ward Sister, Catering Dept.	Completed	Completed – review and monitoring will continue
Recommendation 12					
A choice of hot drinks such as tea and coffee should be available at a range of times.	Patients to always have access hot drinks and to be encouraged and supported to have adequate hydration. Water jugs to be replenished regularly throughout the day. Patients are assisted with hydration needs as required.	Completed	Ward Sister	Completed	Completed – review and monitoring will continue
Recommendation 13					
A snack system needs to be available so that people with additional dietary needs can have more control over their food intake.	Sandwiches and snacks to be available in the fridge on the ward to any patient with additional dietary requirements.	Complete	Ward Sister	Complete	Complete and on-going review to monitor standard

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 14					
The Health Board should review the existing facilities for day-case patients. This should include identification of appropriate changing facilities and availability of a private room where procedures and care can be explained to patients.	Derwen Ward has a treatment/procedure room which is used for day case patients. The Day Surgical Unit is also used when necessary to safely treat patients.	Complete	Ward Sister, Senior Nurse Manager	Completed	Complete and on-going review to monitor standards
Recommendation 15					
The Health Board should identify how often patients have had to be discharged at inappropriate times and take action to ensure that this does not happen routinely.	Every effort is made to ensure that patients are discharged in a timely and safe manner at reasonable times in the day.	Complete and on-going review	Ward Sister	Complete	Completed – review and monitoring will continue

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 16					
<p>Patient facilities within the day room need to be reviewed from a patient perspective. Better seating, reading materials and availability of fresh water need to be considered.</p> <p>Staff need to remember the importance of trying to minimise noise at night. Staff conversations in patient areas should be kept to a bare minimum to try to avoid noise disruption for patients.</p>	<p>Every attempt is made to ensure that day rooms are furnished appropriately.</p> <p>There is always water available for patients and staff are happy to assist patients in accessing water and/or hot drinks.</p> <p>Every effort is made to keep noise disruption to a minimum at night. That said, on busy, acute ward areas, it is inevitable that some noise will be heard at times during the night when staff are providing necessary care for patients. Staff are reminded to not speak loudly in patient areas during the night so as not to disturb patients.</p>	<p>Complete and on-going review</p>	<p>Ward Sister</p>	<p>Complete</p>	<p>Complete and on-going review to monitor standards</p>

RECOMMENDATIONS	KEY ACTIONS	UPDATE	RESPONSIBLE OFFICER/S	TIMESCALE	PROGRESS
Recommendation 17					
Patients expecting to have chemotherapy should not have their treatment unnecessarily delayed because of capacity issues. This may mean looking at both staffing and space in other areas within the hospital.	Administration of Chemotherapy to patients is carefully planned and administered by appropriately trained and competent staff in an appropriate clinical environment	Complete	Department Sister	Complete and on-going review	Complete and on-going review to monitor standards

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