

Appendix C - Improvement plan

Service: Short Stay Surgical Unit

Date of inspection: 13 and 14 January 2026

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	Standard / Regulation	Service action	Responsible officer	Timescale
1. Some health promotion material was available but considered insufficient.	The health board must ensure: <ul style="list-style-type: none">• More health promotion information is available to patients, such as healthy eating materials and information from charities such as Age Cymru Dyfed to support elderly vulnerable people	Health promotion	Health-promotion resources (healthy eating, Age Cymru Dyfed, falls prevention) to be supplied by the patient experience team and installed on a leaflet rack near the front desk. Leaflet volunteers will be responsible for replenishing stock regularly. Update Leaflet rack sourced and restocking of leaflets arranged.	Senior Nurse for General Surgery	30 April 2026 Complete

2.	Materials and signage are insufficient	<p>The health board must ensure that:</p> <ul style="list-style-type: none"> • Person-centred tools such as “This is Me” and the “Butterfly Scheme” are used to support patients with cognitive impairments if required • The signage is improved to ensure a more dementia friendly environment. 	Individualised Care	<p>All patients will receive a formal assessment to identify cognitive impairment in pre-assessment clinic and wherever possible patients with cognitive impairment will not be cared for in SSSU. The use of ‘Read About Me’ tool will be used for every patient who is identified as having mild cognitive impairment, who can be cared for in SSSU.</p> <p>Update: A link nurse will be allocated and a folder with information compiled. Complete</p> <p>A walk-around has been scheduled with the Capital Assets Manager and Senior Nurse for General Surgery to review all existing signage. As part of this process, they will assess opportunities to improve visibility, consistency of design, and accessibility,</p>	<p>Senior Nurse for General Surgery</p> <p>Senior Nurse General Surgery/Capital Assets Manager</p>	<p>31 March 2026 Complete and ongoing.</p> <p>31 May 2026 Complete</p>
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				<p>ensuring signage supports patients with additional communication or cognitive needs.</p> <p>Signage available from Alzheimer's Society printed and to be displayed showing exits and toilets.</p>		Complete
3.	The surgery lists are over allocated daily	The health board must review and address the issues of over allocating patients to the unit, which leads to several patients being cancelled each day.	Timely Care	<p>A revised booking criteria aligned to SSSU capacity, with weekly monitoring of list numbers and cancelled cases will be implemented.</p> <p>Monthly reports will be presented at clinical board meetings.</p> <p>Update: Live SSSU Booking Evaluation and Escalation Process SOP being developed and implemented</p>	Deputy Director of Operations	30 June 2026.
4.	<p>There was no 'Meet the team' board.</p> <p>The patient's waiting room was clean, however</p>	<p>The health board must ensure that:</p> <ul style="list-style-type: none"> The implementation of a 'Meet the Team' board is considered to support patient 	Communication and Language	Capital expenditure funding for 2026/27 has been requested to enable the installation of a 'Meet the Team' board. If this is bid is unsuccessful the directorate will work with	Senior Nurse General Surgery	30 April 2026 Complete

<p>was cluttered with storage units next to various size and shape chairs as a seating area. There was a make-shift partition between patient chairs and an area that patient personal belongings were kept unsecured and a photocopier used regularly by staff, making it questionable as being suitable for patient wellbeing.</p> <p>Materials to support patients with hearing, sight and language difficulties were lacking.</p>	<p>understanding of staff and their roles</p> <ul style="list-style-type: none"> • The patient waiting room is reviewed to make it appropriate for those awaiting surgery, and should include a solution for the secure storage of patients' personal belongings • The unit has the relevant equipment and tools to support patients with hearing, sight and language difficulties. 		<p>medical illustration to create an alternative resource.</p> <p>Removal of clutter and non-clinical equipment from waiting room has been undertaken and patient's belongings have been moved to a secure lockable room to the rear of the unit.</p> <p>The Unit will be assessed by the Patient Experience Team to identify equipment and improvements required to support patients with hearing, sight and language difficulties.</p> <p>A hearing loop will be installed.</p>	<p>Senior Nurse General Surgery</p> <p>Head of Patient Experience</p> <p>Head of Patient Experience</p>	<p>Complete</p> <p>19 March 2026 Complete</p> <p>30 April 2026. Complete</p>
<p>5. There was a 'patient status at a glance' (PSAG) board on the unit centrally. The</p>	<p>The Health Board must ensure that all patient-identifiable information is appropriately concealed or removed from public view</p>	<p>Communication and language</p>	<p>The PSAG board now displays anonymised information only. Weekly confidential-info spot</p>	<p>Senior Nurse General Surgery</p>	<p>Complete with Ongoing spot-checks</p>

	information on the board was visible to everyone; there was no mechanisms in place to cover patients' details.	to maintain compliance with GDPR requirements.		checks will be completed with results recorded. Update 14th April 2026 spot-checks to date - 100% compliance.		
6.	The ward had a good number of single rooms to help maintain IPC and safe sharps systems were mostly adhered to. However, isolated lapses included used needles and syringes left unsecured awaiting disposal.	The health board must ensure staff dispose of sharps and syringe waste appropriately and in a timely manner.	IPC	Staff will be reminded at daily safety briefings to follow IPC waste-disposal regulations, supported by weekly compliance spot-checks and ongoing Tendable IPC audits. SSSU mandatory staff training compliance for Health & Safety and IPC is currently as follows: <ul style="list-style-type: none"> • Health & Safety: 81.25% • IPC Level 1: 90.62% • IPC Level 2: 75% Outstanding training is being targeted, and compliance is expected to be 85% for all staff in work by the end of April 2026.	Senior Nurse General Surgery Professional Practice Development Nurse (PPDN) General Surgery	Complete with ongoing spot-checks and Tendable audits 30 April 2026. Complete

				Update 6th May 2026: IP&C LEVEL 1: 97% IP%C LEVEL 2: 94% HEALTH AND SAFTEY: 94%		
7.	Cleanliness issues and concerns about infection control adherence was raised around weekends and the use of use of bank staff on weekends.	The health board must ensure that compliance with infection prevention and control (IPC) procedures is maintained every day, particularly at weekends, where the unit is often managed by bank staff.	IPC	Improved housekeeping scheduling has been implemented to forward plan for weekend opening, providing equitable provision with weekday services. The IPC Nurse for Surgery Clinical Board will arrange a joint walk-around with estates and housekeeping staff to identify areas of concern. Monitoring of ongoing IPC audits on Tendable by Lead Senior and Nurse for General Surgery.	Head of Housekeeping Services IPC Nurse for Surgery Clinical Board Lead and Senior Nurse for General Surgery	Complete 30 April 2026 Updated date 31.05.2026 From March 2026 and ongoing
8.	During inspection, oxygen cylinders were found freestanding rather than secured.	The Health Board must ensure oxygen cylinders are secured or returned to the theatre storage area immediately after use is ceased.	Medicines Management	The installation of cylinder wall brackets has been arranged. Update - ordered 13 th April 2026 and awaited.	Senior Nurse General Surgery	20 April 2026

9.	Records appeared to be updated regularly, but changes in patient conditions were not always appropriately recorded where appropriate.	The health board must ensure a clear process is implemented that captures changes in patient condition and the need for skin pressure reassessment.	Preventing pressure and tissue damage	SSSU will ensure that 100% of patients who remain in the department for 24 hours or longer will receive a pressure-ulcer risk assessment. Compliance will be measured and evidenced through routine Tendable audits, with monthly monitoring to confirm that performance is maintained.	Senior Nurse General Surgery	30 April 2026. Complete with ongoing audits
10.	Audits related to pressure areas and falls were not completed.	The health board must ensure compliance with audit requirements in a timely manner.	Falls prevention	To strengthen pressure damage and falls audit compliance within SSSU, we will benchmark our current pressure-damage and falls-risk assessment practices against recognised day-surgery criteria. Benchmarking will ensure our assessment processes remain aligned with comparable services, supporting the safety of our ambulant patient cohort. The review will be completed and presented to the department. Following this, consideration will be given to the reconfiguration of	Senior Nurse for General Surgery	30 April 2026. Complete

				<p>Core Tendable audits for SSSU.</p> <p>Update: Other day surgery units carry out the same practice. Risk assessments will be undertaken for patients in the dept for more than 24 hours. This will be monitored through the Tendable core audits.</p> <p>Digital Health Care Wales are currently developing the short stay Welsh Nursing Care Record which will be fully implemented once released.</p>		
11.	<p>Patients were not provided with hand wipes at the bedside prior to eating.</p> <p>Fluid balance charts were consistently incomplete, with totals not being calculated at the end of shifts,</p>	<p><i>The health board must ensure that:</i></p> <ul style="list-style-type: none"> Hand wipes are provided to all patients at the bedside, specifically those who are unable to mobilise to wash their hands ahead of eating 	Nutrition and hydration	<p>All patients who are unable to access handwashing facilities independently will be offered hand wipes prior to eating.</p> <p>‘Fluid Balance’ will be presented as the topic of the month with the education team, ensuring completion of a notes audit and delivery of targeted training within the unit to</p>	<p>Senior Nurse for General Surgery</p> <p>PPDN General Surgery</p>	<p>Complete</p> <p>30 April 2026. Complete</p>

	<p>when appropriate to do so.</p> <p>Nutrition and hydration assessments varied, with some assessments incomplete.</p>	<ul style="list-style-type: none"> • Fluid balance charts are completed appropriately and in a timely manner • Nutritional assessments are completed when appropriate to do so. 		<p>improve accuracy of fluid balance and nutritional assessments.</p> <p>Ongoing audits of fluid balance and nutritional risk assessment compliance will be undertaken on a six-monthly basis.</p>	Senior Nurse General Surgery	Ongoing
12.	<p>A review of patient records showed that documentation practices vary depending on the patient's length of stay, and the availability of standard assessment booklets. Short stay and day case patients generally had fewer recorded assessments, and staff explained that usual documentation</p>	<p>The health board must ensure that all care planning documents (templates) relevant to SSSU are readily available, so that patients' care needs can be fully assessed, appropriately planned, and consistently monitored.</p>	Patient records	<p>The ward receptionist will compile a list of paperwork that is routinely ordered over the next three months. This will form a baseline for document ordering.</p>	Senior Nurse for General Surgery	30 May 2026.

	templates were temporarily unavailable, resulting in reliance on theatre care plans and photocopied sheets.					
13.	Confidential waste procedures were in place, though a full bin had led to patient information being left on top of it rather than disposed of securely.	The health board must ensure that confidential waste bins are emptied regularly and that no patient identifiable information is left unsecured or placed on top of waste containers, in accordance with GDPR requirements.	Patient records	An external company empties the confidential waste bins on a regular basis. Regular checks will be undertaken to ensure that these bins are not overfilled in the period between scheduled emptying. Compliance will be monitored through weekly environmental checks.	Senior Nurse General Surgery	Complete and ongoing
14.	Concerns identified from the feedback collected through the staff survey.	The Health Board must ensure that: <ul style="list-style-type: none"> A review of local leadership is undertaken, to address concerns raised by staff about 	Governance and leadership	The Organisational Development, Wellbeing and Culture team are undertaking a structured leadership-behaviour improvement programme. This will include expectations on communication, dignity	Assistant Director of Organisational Development, Wellbeing and Culture	30 June 2026

	<p>unprofessional communication, leadership visibility, and impact of management interactions that left staff distressed or reluctant to escalate concerns</p> <ul style="list-style-type: none"> • A structured programme is introduced to improve leadership behaviours, including expectations around communication, feedback, dignity and respect, and safe ‘speaking up’ environments • Mechanisms are established to ensure staff are involved in operational decision-making, including bed allocation, patient 		<p>and respect, by delivering targeted leadership development sessions, feedback mechanisms with progress monitored through monthly qualitative staff-experience reviews and completion of the People & Culture diagnostic phase.</p> <p>The ward meetings will be implemented and will be held on a quarterly basis. Senior Nurse representation will be present to discuss operational issues that impact the department and the wider site and to allow staff to have input into decision making and planning.</p> <p>Update: Meetings scheduled on audit (Q&S) days for 2026</p> <p>The Ward Manager and Deputies have been</p>	<p>Management Team, SSSU</p>	<p>31 May 2026. Complete</p>
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				Update: Group feedback sessions commenced on 11th May 2026 and have been completed. All staff who did not engage in the group sessions will be offered 1:1 meetings.		
15.	Concerns identified from the feedback collected through the staff survey.	<p>The Health Board must ensure that:</p> <ul style="list-style-type: none"> A review of weekend and Saturday staffing arrangements is undertaken, including clinical cover, housekeeping services, pharmacy availability and operational support, in response to staff descriptions of unsafe weekend shifts and patient reports of reduced cleanliness, delays and unavailability of required teams 	Skilled and enabled workforce	<p>A full review of weekend and Saturday staffing arrangements in SSSU has been completed. Senior Nurse oversight (07:00-20:30) continues during unscheduled openings.</p> <p>Improved housekeeping scheduling has been implemented to forward plan for unscheduled weekend opening, providing equitable provision with weekday services.</p> <p>Pharmacy support has improved through allocation of a dedicated pharmacist and stock ordering has now been adjusted to ensure it adequately meets the</p>	<p>Senior Nurse General Surgery</p> <p>Head of Housekeeping</p> <p>Lead Pharmacist Surgery Clinical Board</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

	<ul style="list-style-type: none"> Rota allocation, redeployment and theatre list assignments are applied consistently and fairly, supported by transparent criteria and regular auditing to address perceptions of favouritism, inequitable movement and inconsistent workload distribution 		<p>needs of this patient group.</p> <p>A full review of rota allocation, redeployment and theatre-list assignment practices will be conducted, following the Health Roster analysis that was undertaken immediately following the inspection.</p> <p>A six-month retrospective review of allocation patterns, weekend working, staff movement and delegation equity will be undertaken. Findings will be triangulated with staff feedback and workforce data, confirming no evidence of unfair practice. Oversight processes and transparent allocation criteria have been strengthened, and staff have been assured that rota changes remain voluntary. Further opportunities for staff to</p>	<p>Assistant Director of Organisational Development, Wellbeing and Culture</p>	<p>30 June 2026</p>
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		<ul style="list-style-type: none"> A plan is developed to restore staffing establishment, particularly healthcare support worker vacancies, to reduce reliance on bank staff and mitigate the impact of short notice redeployments on patient safety and staff wellbeing Workload pressures are regularly reviewed, with actions taken to ensure patient acuity and dependency are adequately matched to safe 	<p>raise concerns confidentially will be provided through the People & Culture discovery work.</p> <p>A staffing review of SSSU has been carried out and the 1.8 HCSW vacancies will be recruited to via the HCSW recruitment event on the 9 April 2026.</p> <p>SSSU ward is a low user of temporary staff during the established core hours. The 2 Registered Nurse vacancies have since been appointed to. Vacancies will continue to be monitored and appointed to in a timely manner.</p> <p>The ongoing use of SafeCare supports oversight of acuity on a twice daily basis where the Senior/ Lead Nurses meet in person with the Ward Manager or Nurse in Charge. This ensures appropriate escalation and</p>	<p>Director of Nursing Surgery Clinical Board</p> <p>Director of Nursing Surgery Clinical Board</p> <p>Senior Nurse General Surgery</p>	<p>31 July 2026. Complete</p> <p>Complete and ongoing</p> <p>Complete and ongoing</p>
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		staffing levels, and escalations are supported rather than normalised.		mitigating actions are taken and documented, and report themes to the Surgical Board monthly.		
16.	Concerns identified from the feedback collected through the staff survey.	<p>The Health Board must ensure that:</p> <ul style="list-style-type: none"> All allegations of racism, discriminatory behaviour and inappropriate language are investigated promptly and robustly, in line with dignity at work and equality policies, with appropriate support provided to staff who may have been affected A ward level culture improvement programme is developed, addressing bullying, harassment, fear of repercussions, and 	Culture	<p>Monthly oversight will be provided by Organisational Development, Wellbeing and Culture from April 2026 onward will ensure that any allegations of racism, discrimination, bullying or inappropriate language reported within SSSU will be investigated promptly in accordance with Dignity at Work and Equality policies, with referral pathways reiterated to staff,</p> <p>A ward-level culture-improvement programme has been commenced to address bullying, fear of repercussions and concerns about management behaviour, incorporating</p>	<p>Assistant Director of Organisational Development, Wellbeing and Culture</p> <p>Assistant Director of Organisational Development, Wellbeing and Culture/Surgery Clinical Board</p>	<p>April 2026 onward</p> <p>1 May 2026</p>

	<p>concerns raised about distressing interactions with management</p> <ul style="list-style-type: none"> • Mechanisms for safe, supported speaking up are strengthened, including clear signposting to 'Freedom to Speak Up', Llais, union representation and internal HR support • Visitor policy is reviewed to ensure compassionate, consistent application, following patient feedback that visitors were turned away even after travelling long distances. 		<p>facilitated team sessions, psychological-safety interventions, and follow-up reviews every eight weeks, commencing 1 May 2026</p> <p>Speaking-up mechanisms will be strengthened by providing clear signposting to 'Speaking Up Safely', Llais, union representatives and HR support, and delivering quarterly staff briefings and anonymous reporting routes, with monitoring of uptake and themes starting June 2026.</p> <p>Staff will be reminded to take an individualised and patient centred approach to ensuring that they can have the support they need while they remain in the department.</p>	<p>Director of Nursing</p> <p>Director of Nursing Surgery Clinical Board</p> <p>Senior Nurse General Surgery</p>	<p>1 June 2026</p> <p>Complete</p>
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17.	<p>Identification of patient records and other confidential information in various areas unsecured on the unit.</p> <p>Concerns identified from the feedback collected through the staff and patient surveys.</p>	<p>The Health Board must ensure that:</p> <ul style="list-style-type: none"> • Patient records are always stored securely, including preventing records from being left on trolleys, counters or atop full waste bins, and ensuring the PSAG board does not expose identifiable information • Confidential waste is removed frequently enough to prevent overflow, with clear accountability for timely disposal and escalation when bins are full 	Information governance and digital technology	<p>Lockable notes trolleys are now in use on SSSU, and a dedicated lockable notes storage room is in use to store medical records for discharged patients and future admissions.</p> <p>Walk-arounds will be undertaken to ensure patient records are stored securely, confidential waste is removed before capacity is reached and no identifiable information is left in public areas, with results reviewed monthly from April 2026.</p>	<p>Senior Nurse General Surgery</p> <p>Senior Nurse General Surgery</p> <p>PPDN General Surgery</p>	<p>Complete</p> <p>1 April 2026. Complete and ongoing</p>

		<ul style="list-style-type: none"> Digital systems are used consistently and confidently, with training provided to staff who reported difficulty navigating electronic tools or requiring IT intervention for routine tasks Ward spaces are decluttered and organised, ensuring records, files and personal belongings are not placed in areas where confidentiality or security may be compromised, reflecting findings from both staff and patient feedback. 		<p>Deliver digital-skills refresher training for SSSU staff on electronic systems (e.g., ESR, Aqua, SafeCare), with attendance monitored and 90% completion achieved, and post-training competency checks by 31 July 2026. Update: Help guides will be developed for staff to refer to</p> <p>Complete ward-wide decluttering and relocation of records, files and personal-belonging areas to prevent confidentiality risks. Update: Spots checks undertaken and standards maintained.</p>	Senior Nurse General Surgery	31 July 2026 Complete
18.	Concerns identified during the inspection in addition to staff	<p>The Health Board must ensure that:</p> <ul style="list-style-type: none"> Protected time is allocated for staff 	Quality Improvement Activities	Introduce protected training time within the SSSU rota, ensuring essential skills sessions and study days proceed except	PPDN General Surgery	31 May 2026. Complete with

<p>and patient surveys.</p>	<p>training and development, addressing repeated cancellations of study days and insufficient access to essential skills training</p> <ul style="list-style-type: none"> • Clear, standardised induction and competency frameworks are provided for all new staff, ensuring role expectations and required training are understood from the outset, addressing concerns about inconsistent onboarding 		<p>where patient safety requires rescheduling. Monitoring of Study leave allowance is already available via the Nurse rostering dashboard. Monthly monitoring of study-leave access will continue to be monitored to identify emerging trends, supported by the PPDN.</p> <p>Newly qualified registered nurses will continue to attend the UHB preceptorship programme and allocated study time will be given to support this.</p> <p>All new staff will continue to be given a minimum of a 4-week supernumerary period to ensure they are acquainted with the running of the unit and any core training sessions will be supported with allocated study time.</p>	<p>PPDN General Surgery</p>	<p>ongoing monitoring</p> <p>Complete</p>
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	<ul style="list-style-type: none"> • A local concerns log is established, enabling the ward to track, analyse and learn from patterns in complaints, concerns and compliments, rather than relying solely on centralised systems • Regular structured opportunities for shared learning are embedded, including follow up on incidents, near misses, patient feedback and weekend specific themes, ensuring lessons are consistently disseminated 		<p>Completion will be monitored through VBA and Health Roster records.</p> <p>All Concern responses and DRTs (draft responses templates) for Concerns will be shared with the team for oversight. The ward management team will be supported to access Datix records to allow them to track themes and trends.</p> <p>Embed structured monthly shared-learning sessions in SSSU, covering incidents, near misses, patient feedback (including weekend-specific themes), and escalations. Themes to be covered by newly introduced 'Topic of the month' for Surgery.</p>	<p>Senior Nurse General Surgery</p> <p>Senior Nurse General Surgery</p>	<p>30 April 2026. Complete</p> <p>1 May 2026. Complete and ongoing</p>
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	<ul style="list-style-type: none"> • Training provision reflects the increasing acuity of patients, including updating staff competency in skills where they reported reduced confidence due to lack of recent exposure. 		<p>All learning actions will be documented and continue to be reviewed quarterly through the Clinical Board governance process and already established Professional Practice forums which take place monthly.</p> <p>Deliver targeted competency-refresh sessions for staff in key clinical skills to reflect the increasing acuity of SSSU patients, while ensuring staff returning from maternity leave or long-term sickness receive supernumerary time, KIT days (where appropriate), and phased return plans.</p> <p>Increase training compliance and accountability by completing overdue Value Based Appraisals (VBAs) and ensuring these are</p>	<p>PPDN General Surgery</p> <p>Management Team, SSSU</p>	<p>31 August 2026. Complete</p> <p>30 June 2026. Complete</p>
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				<p>uploaded to ESR in a timely manner (many had been completed but not uploaded), ensuring each staff member has an agreed 12-month development plan, and monitoring essential-skills compliance monthly through ESR.</p> <p>Update: 94.29% of staff are VBA compliant as of 21 May 2026.</p>		
19.	<p>Concerns identified during the inspection in addition to staff and patient surveys.</p>	<p>The Health Board must ensure that:</p> <ul style="list-style-type: none"> The daily overallocation of patients to the unit is urgently addressed, ensuring capacity planning reflects the actual 33 patient limit and avoids routine cancellations, delays and deterioration 	Partnership working and development	<p>Work is ongoing with Deputy Director of Operations to prevent beds being used outside of allocated space.</p> <p>A revised daily booking protocol aligned with the 33-patient capacity will be introduced, with real-time monitoring of planned versus actual occupancy, and weekly reporting of cancellations and breaches to the Deputy Chief Operating Officer fully</p>	<p>Deputy Director of Operations Surgery Clinical Board</p> <p>Deputy Director of Operations Surgery Clinical Board</p>	<p>Ongoing</p> <p>30 April 2026. Complete</p>

	<p>described by patients and staff</p> <ul style="list-style-type: none"> Weekend medical, pharmacy and domestic services are strengthened, ensuring safe and consistent provision throughout the week. This includes addressing gaps that may lead to worsening conditions, delayed treatment and poor cleanliness at weekends 		<p>operational by 30 April 2026.</p> <p>Surgery Clinical Board has a seven-day working model for all surgical clinical teams which helps facilitate planned closure at 1pm on Saturday. Any patient that are not fit for discharged will be transferred to C6, the protected elective surgical ward. This practical approach is facilitated by the Senior nurses and the ward managers for both areas on a Friday evening.</p> <p>Pharmacy support has improved through allocation of a dedicated pharmacist and stock ordering has now been adjusted to ensure it adequately meets the needs of this patient group.</p> <p>Improved housekeeping scheduling has been</p>	<p>Senior Nurse General Surgery</p> <p>Lead Pharmacist Surgery Clinical Board</p> <p>Head of Housekeeping</p>	<p>Complete and ongoing</p> <p>Complete</p> <p>Complete</p>
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		<ul style="list-style-type: none"> SSSU staff are actively involved in cross service decisions affecting workload and flow, reducing the disconnect between ward reality and decisions made externally, such as patient allocations through 'Bronze' meetings Clear escalation pathways are defined for situations where essential teams are unavailable, 		<p>implemented to forward plan for unscheduled weekend opening, providing equitable provision with weekday services.</p> <p>Senior and Lead nurses will feedback to SSSU following 'Bronze' meetings affecting elective admission for the following day. The Bronze meetings will continue to be attended by Senior and Lead nurses, directorate teams and Senior representatives from the Surgery Clinical Board.</p> <p>Publish and embed a clear escalation pathway for accessing medical review, P@RT support and essential weekend services, ensuring all staff are briefed and signage added to the nurse station.</p>	<p>Senior Nurse General Surgery</p> <p>Management Team, SSSU</p>	<p>Complete</p> <p>Complete</p>
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	<p>especially during weekends, in response to patient reports of deterioration due to lack of timely...</p> <ul style="list-style-type: none"> • Waiting areas and patient facing spaces are improved, ensuring safe storage for belongings, appropriate seating, removal of office equipment (photocopiers), and provision of basic amenities such as water dispensers. 		<p>Removal of clutter and non-clinical equipment from waiting room has been undertaken and patient's belongings have been moved to a secure lockable room to the rear of the unit.</p> <p>Drinking water and drinks rounds will be made available to anyone who is not 'nil by mouth' pre procedure.</p>	<p>Senior Nurse Surgery Clinical Board</p>	<p>30 April 2026. Complete</p>
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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): Clare Wade

Job role: Director of Nursing Surgery Clinical Board

Date: 23 March 2026

