



**ACTION PLAN IN RESPONSE TO THE HEALTHCARE INSPECTORATE WALES DIGNITY AND ESSENTIAL CARE
INSPECTION WARD WEST 6 AND EAST 8, UNIVERSITY HOSPITAL LLANDOUGH**

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
1. WARD ENVIRONMENT				
The Health Board should review storage arrangements on the wards to ensure patient belongings and ward supplies are stored appropriately.	West 6 Female bays small with clutter between bed spaces.	Review Transforming Care Well Organised Ward and de-clutter plan.	Ward Sister.	Complete October 2012.
		Cleaning schedule sign off sheets to include de-cluttering.		The ward tidy up has been incorporated to the ward Cleaning Schedule for communally used equipment scheduled.
		Patients to be reminded to bring in only property that is essential to their care.	Ward Sister Transforming Care Lead.	COMPLETE Poster had been developed by Ward Sisters/ Charge nurses as part of the Clinical Leadership programme to remind patients to limit the amount of personal belonging brought into hospital.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
	Equipment stored along the corridor.	Only necessary medical equipment to be stored in corridor. Identified storage stations to be marked with tape.	Ward Sister.	Complete Work has been undertaken as part of the Transforming Care programme to review storage arrangements for clinical equipment and to develop equipment stations to enable quick access.
	Commodes inappropriately stored in patient shower.	Quote to be obtained for end of dayroom to be sectioned off as storage area for 2 commodes.	Ward Sister.	Discussions around the plan have commenced and quote for the work to be undertaken is due by the end of November 2012.
	Dayroom used to store medical equipment and mattresses.	As above and area to be identified at UHL for mattress storage.		Complete A storage facility has been identified by the UHB to store mattresses that are not in use. Mattresses are collected from the wards by the portering staff. Feedback to date is that this arrangement is working well.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
The Health Board must ensure that measures are put in place across the Health Board to inform others of care and treatment taking place behind closed curtains and also that staff are made aware that these signs are to be observed.	West 6 Only observed dignity pegs being used once.	Ward Visiting Guidance tool to be used by Senior Nurses to monitor compliance with the dignity pegs.	Executive Director of Nursing.	Ward Visiting Guidance tool to be adopted across the UHB by December 2012.
	East 8	Ward teams to be reminded of the importance of dignity pegs.	Ward Sister.	Complete The Ward Sister has included a reminder to all staff during the handover period and at fortnightly ward meetings.
		Fundamentals of care audit results to be reviewed to inform level of compliance.	Wards Sister. Executive Director of Nursing.	Fundamental of Care audits were completed by the end of August 2012 and completed and a report will be presented to the Board of Directors in November 2012.
	West 6	Dignity board to be developed in conjunction with introduction of Butterfly Scheme.		Work on developing the Dignity Board commenced in September 2012. Progress will be reviewed quarterly.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
2. STAFF ATTITUDE AND BEHAVIOUR				
The Health Board must ensure that staff who carry out medical rounds do so in a sensitive manner to maintain patient privacy and dignity.	West 6: Observed a Consultant speaking loudly to patient about their condition.	Ward round audits to the undertaken by the Medical staff.	Clinical Director Ward Consultants.	Ward round audit tool has been circulated to All Clinical Directors across the UHB so that dignity and respect of patients during the ward round can measure and for improvement plans to developed as necessary. The audit tool was circulated in September 2012 for completion and feedback to Divisional Quality and Safety Meetings by January 2013.
		Ward teams to be reminded of the need to ensure dignity and privacy for patients during ward rounds.	Directorate Management Team.	Outcomes of the ward round audits to be reported to the Divisional Quality and Safety Meeting in November 2012.
		Use of private room to be encouraged where possible.	Ward Sister Consultant.	Patient experience team have commenced a programme to provide private rooms in ward areas across the UHB and to date, 22 rooms have been refurbished. Long term, there is an opportunity to include

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
				the provision of private rooms as part of the Ward refurbishment strategy. Plans for the refurbishment have yet to be agreed.
		Review '2 minutes of your time feedback' and implement action for improvement where required.	Lead Nurse.	Complete Feedback reports are provided at each monthly Divisional Quality and Safety Committee.
The Health Board must ensure that all staff on the wards are wearing identification badges whilst on duty.	West 6, East 8 Not all staff were wearing name badges.	Ward visiting Guide tool to be used by Senior Nurses to monitor compliance with the ID badges.	Executive Director of Nursing.	The Ward Visiting Guide to be adopted across the UHB by December 2012.
		The importance of wearing ID badges to be reinforced to all members of the MDT and to carry out spot checks.	Ward Sister.	The Ward Sister has commenced a review as from October 2012 and immediate feedback will be provided to staff. This will be incorporated into the Ward Sister audit plan for the Division by November 2012.
		Memorandum to be issued by the UHB All Wales Dress Code group to remind all staff of the importance of wearing ID badges at all times.	Lead for UHB Dress Code group.	By the end of October 2012.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
3. MANAGEMENT OF PATIENTS WITH CONFUSION OR DEMENTIA				
The Health Board should ensure that large signs are available on patient facilities to assist patients in locating them.	West 6: Signage on the patient toilet and shower room facilities were small and could be made clearer.	To review the provision and appropriateness of signage across the UHB.	Estates and Capital Planning Manager.	The UHB Wayfinder group commenced the review of signage across the UHB to ensure standardisation with due consideration given to patients with cognitive or sensory impairment. The first meeting was held in September 2012.
		Review FOC audits and take action for improvement as required.	Ward Sister.	Refurbishment was been undertaken on Ward West 6 which included the provision of signage. Although patients have provided positive feedback on the provision of signage, further work will be required as directed by the Wayfinder group.
The Health Board should develop, implement and train staff in the application of a policy on how to manage patients with dementia.	East 8.	To develop training programme and plan a programme for key staff to attend.	Learning and Education Department.	Complete The UHB has developed a framework for Dementia training. Training records are maintained by the Learning and Education Department.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
		The Butterfly scheme to be introduced as a means of improving the management of patients with Dementia.	Medicine Division Development Sister.	The Butterfly scheme is embedded on ward East 8. The scheme has been rolled out to ward West 6 since September 2012 and progress will be reviewed in December.
The Health Board should review the placement of patients with dementia to ensure that it is easier for staff on duty to observe them.		Staff education and compliance with risk assessments for patients requiring supervision/ specialing to be undertaken.	Senior Nurses.	A Specialising tool has been rolled out across the UHB and audit of compliance will commence in November 2012 and reported at the Divisional Sister/Charge Nurse forum.
		The roll out of Intentional rounding to be progress across the UHB.	Ward sister/ Charge Nurse Lead for Transforming Care.	Over 90% of in patient areas have attended the Transforming Care programme and have prioritised improvement modules in accordance with the needs of patients on their wards.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
4. CARE PLANNING AND PROVISION				
The Health Board must ensure that all in-patients have care plans which are adapted to specific patient needs and that these care plans are regularly reviewed and updated.	West 6 Care plans were generic and had not been individualised to reflect specific patient' needs.	A review of patient documentation to be undertaken.	Executive Director of Nursing.	The UHB has commenced a review of patient documentation to ensure that it reaches the minimum standard outlined by the All Wales Documentation Group. Time scales are dependant on the progress made at an all Wales Level.
		Care plan audit to be carried out to ensure that they are individualised and identify the care required for that patient. Improvement plans to be introduced as required.	Ward Sister Senior Nurse.	Complete Care plan audit was undertaken in August 2012 and improvement plan was developed. The outcomes of the Fundamentals of Care audit Standard 1, also undertaken in August, demonstrated improvement. Ongoing compliance will be captured by the Ward Visiting guidance tool. Results will be discussed, and improvement plans agreed where necessary, at the Divisional Sister/Charge Nurse forum.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
The Health Board must review the management and monitoring of patients whose condition is deteriorating and ensure that all staff are appropriately trained to recognise the signs of deterioration and understand and follow appropriate escalation process.	East 8.	Individual staff nurse has successfully completed detailed action plan. Relevant education was arranged and attended.	Ward Sister Senior Nurse.	Complete This particular issue was addressed immediately by the Ward Sister and Senior Nurse for Ward East 8.
		All patients who are acutely unwell are discussed at Ward Safety Brief.		Safety briefs are well embedded into the hand over process on Ward East 8.
		NEWS chart and RRAILS initiative to be rolled out across the UHB.	Clinical Directors Lead Nurses.	The Health Board is currently rolling out the NEWS chart and RRAILS initiative to all clinical areas. Staff education sessions are planned. The benefits of NEWS and expected response algorithm will be embedded into practice. BY MARCH 2013.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
5. FLUID AND NUTRITION				
	<p>West 6:</p> <p>There was little input from Registered nurses during mealtimes.</p>	<p>Protected mealtimes initiative to be revisited and compliance to be monitored.</p>	<p>Ward Sister Lead and Senior Nurses.</p>	<p>Complete</p> <p>Bed Plan introduced which requires direction and supervision by a registered nurse. Findings from the assistance to eat review received at the UHB Nutritional and Catering Steering Group. Protected meal times monitored as part of FOC audit and specified focused protected mealtimes process auditing (spot audit). Results are received at the UHB Steering Group. Compliance will also be monitored by Senior Nurses using the Ward Visiting guidance tool, to be rolled out across the UHB by December 2012.</p>
		<p>All staff to complete All Wales Nutritional Screening and Food Record Chart Competence Programme e-learning package.</p>	<p>Executive Director of Nursing/Divisional Nurse.</p>	<p>By December 2012.</p>

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
	A number of patients expressed a wish to have more hot drinks. A total of five drinks rounds were carried out as opposed to the standard stating seven to eight.			Complete The number of hot drinks round per ward has now been incorporated to the quarterly Divisional report to the UHB Nutritional and Catering Steering group.
		Review feedback from '2 minutes of your time feedback' and take action to make improvement where required.	Lead Nurse.	Complete Reports are provided at each monthly Medicine Division Quality and Safety Meeting.
		To add information to ward leaflet regarding requesting hot drinks when required.	Ward Sister.	By end of December 2012.
	East 8	To monitor and remind all staff of the importance of ensuring that patients can reach their drink	Ward Sister.	Complete The Ward Visiting Guide will be used by the Senior Nurse to measure compliance.
		Intentional rounding to be introduced.	Ward Sister Lead for Transforming Care.	By November 2012.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
The Health Board should consider the use of volunteers to assist with helping patients to eat their meals.		To develop the role of the volunteer on the ward to prompt patients and prepare the environment for meal times.	Ward Sister	Complete The UHB agreed that the role of the volunteer will be developed to support the ward nurses with prompting patients and preparing the environment for meal times. The role will not develop to including the feeding of patients. Volunteers are already engaged with the preparation for meal times in some ward areas.
		Ward Staff to escalate to Senior nurse if they have a high number of patient to feed and unable to do so in a timely manner.	Ward Sister/Senior Nurse.	Complete.
6. PERSONAL CARE AND HYGIENE				
The Health Board must ensure that all patients are provided with the opportunity to wash their hands prior to meal times.	West 6: Patients were not observed to have been offered hand wipes/hand washing prior to meals.	Ward Sister to remind ward team of the importance of hand hygiene for patients at mealtimes.	Ward Sister.	Complete Compliance with the preparation of patients prior to meals has been incorporated to the quarterly Divisional report to the UHB Nutritional and Catering Steering group.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
<p>The Health Board must ensure that all staff are aware of all aspects of the patient's personal care.</p>	<p>East 8</p> <p>Nail care.</p>	<p>To reinforce the importance of including nail care and cleanliness as part of the patient's personal care.</p> <p>The Ward Visiting guide will be used by the Senior Nurse to monitor the standard of personal care delivered to patients.</p> <p>Outcomes of Fundamentals of care standard 8 to be reviewed.</p>	<p>Ward Sister Senior Nurse.</p> <p>Senior Nurse.</p>	<p>Complete</p> <p>Findings of the HIW audit has been discussed at the Ward meetings and the importance of including nail care as part of the patient's personal care.</p> <p>The Ward visiting guide will be endorsed across the UHB as from December 2012.</p> <p>Fundamentals of Care audit have been completed and a report will be issued to the Board of Directors in November 2012.</p>

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
7. CALL BELLS				
The Health Board must ensure that all patients have access to buzzers which is within their reach.	East 8.	Call bell provision to be reviewed across the UHB and work plan developed.	Executive Director of Nursing.	Review of call bells across UHB is complete. Work programme to be agreed to enable installation where identified within report.
		Staff to be reminded of the need to ensure patient call bells are within easy reach.	Ward Sister.	Intentional rounding to be introduced by November 2012.
8. TOILET NEEDS				
The Health Boards should ensure that wheelchairs are available on wards to assist patients to and from the toilet facilities.	West 6 Patients were being wheeled on commodes.	To ensure that a minimum of 2 wheelchairs are available for use.	Ward Sister Senior Nurse.	Complete. Wheelchairs are available.
		To reinforce to the ward team that wheelchairs should be used to assist patients to toilet facilities.	Ward Sister.	From October 2012.
		Standing hoist that can be used for patient transfers to be trialled.		Discussions have commenced with the UHB Manual Handling By November 2012.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
The Health Board must ensure that all patients are encouraged and supported to use the toileting method of their choice.		Assessment of patient's continence needs to be completed on admission to the ward.	Executive Director of Nursing.	This is integral to patient assessment at time of admission and ongoing throughout the patient's stay. Continence assessment prompt questions are being incorrect to the Ward visiting guide. first draft has been circulated for comment with anticipated timescales for completion December 2012.
		The Ward Sister to seek advice and training update for the ward team from the UHB lead for continence.	Ward Sister.	By December 2012.
9. MEDICINE AND PAIN MANAGEMENT				
The Health Board must ensure that methods are in place to ensure that patients take their medication when it is administered and therefore not left unattended on patients' bedside cabinets.	West 6 East 8 Patient's medications were left on the bedside table.	Action plan developed following 'the Internal Audit review of medicines management' being implemented.	Executive Director of Nursing. Ward Sister, Senior Nurse.	As a result of internal audit activity, the Executive Director of Nursing has met with the Ward Sisters/Charge nurses from all Divisions to reinforce the importance of improving medicines management.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
		To implement the Medicine Division's Improvement Plan for Medicines Management.	UHB Nurse Lead for Medicines Management.	Complete Implementation of the Improvement plan commenced in July 2012.
		Deputy Sister and Clinical Director to work together to improve medicines management.	Ward Sisters Senior Nurse.	First meeting to discuss improvement plan held September 2012 To be reviewed and progress reported at the Divisional quality and Safety meeting.
		Medicines management audits to be undertaken as per audit programme and results reviewed.	Internal Audit.	The second round of auditing undertaken by Internal Audit commenced in October 2012.
		Spot 'review of medicines management' audits to be undertaken and results fed back to clinical areas promptly.	Senior Nurses.	Spot audits commenced in August 2012.

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
10. DISCHARGE PLANNING				
<p>The Health Board must ensure that systems are in place to prevent poor quality discharges for individual patients.</p>	<p>West 6: The system faltered when the shift coordinator was not on duty.</p> <p>A number of patients were anxious as they had not been given enough notice of their discharge arrangements.</p>	<p>To ensure that an appropriate nurse is allocated to the role of shift coordinator for each day shift who will coordinate the discharge process.</p> <p>To provide teaching and development support for all members of the ward team around discharge planning.</p> <p>Discharge planning to be included in the admission process.</p> <p>To review the patient information leaflet to include information regarding discharge, and utilise the Patient Status at a Glance Board.</p>	<p>Ward Sister, Senior Nurse.</p> <p>Sister Senior Nurse.</p> <p>Ward Sister.</p>	<p>By November 2012.</p> <p>Improvements are already monitored through the review of patient feedback from the “2 minutes of your time” patient questionnaire.</p>

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
11. ACTIVITIES				
The Health Board should consider ways to provide patients with activities and stimulation throughout their hospital stay.	West 6 There was a dayroom available with TV and books but no other terms of stimulation or activities for patients.	Charitable bid to be made to improve day room facilities.	Directorate Manager and Ward Sister.	Complete – Bid won, awaiting funds and quotes for work.
		To develop the role of Volunteers in supporting recreational activities for patients		Volunteering framework in place within the UHB and activity issues discussed. The befriending role has been introduced and is expected to be involved in any activity session on the wards, to include 1:1 such as playing chess, or watching a film with a patient. Musicians are also planning a schedule of visits across the wards.