

**CWM TAF HEALTH BOARD ACTION PLAN IN RESPONSE TO THE HEALTHCARE INSPECTORATE WALES
UNANNOUNCED DIGNITY AND ESSENTIAL CARE INSPECTION AT PRINCE CHARLES HOSPITAL ON 29
AND 30 OCTOBER 2012**

1. UNIT ENVIRONMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
1.1	The Health Board should ensure that systems are in place to maintain acceptable level of cleanliness on all units.	<ul style="list-style-type: none"> • Cleaning schedules are in place. Fortnightly joint audits carried out with Housekeeping, Estates and nursing staff. Remedial actions undertaken. • Feedback to be provided to Senior Nurse and Departmental manager. 	Housekeeping Manager	November 2012
1.2	The Health Board should review the provision of stimulation available for children who accompany adults.	<ul style="list-style-type: none"> • TVs purchased for waiting areas. • Selection of toys and books are available in the department for children. 	Directorate Manager Senior Nurse	March 2013 February 2013

1. UNIT ENVIRONMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
1.3	The Health Board should review the current seating available in waiting rooms.	<ul style="list-style-type: none"> Estates team to review current seating costs for alternative seating to be considered. In the interim period padded seats will be provided for those that require them. 	Major Projects Senior Nurse	March 2013 January 2013
1.4	The Health Board should ensure that systems are in place to ensure that all waiting patients are routinely observed.	<ul style="list-style-type: none"> Protocol and audit tool is being developed for the safe management of patients in all waiting areas within the Emergency Care Centre. 	Head of Nursing	March 2013
1.5	The Health Board should undertake a review of the length of time patients are on trolleys in the context of all aspects of the fundamentals of care.	<ul style="list-style-type: none"> All trolleys in the Clinical Decision Unit replaced with beds. All patients risk assessed and managed appropriately. 	Senior Nurse	November 2012

1. UNIT ENVIRONMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<ul style="list-style-type: none"> Regular Audit of the nursing documentation will be carried out to ensure patients are cared for on appropriate trolley/bed. Work underway in the department on the adaption of Transforming Care methodology to suit the Emergency care setting. 	<p>Departmental Manager</p> <p>Transforming Care team</p>	<p>February 2013</p> <p>January 2013</p>
1.6	The Health Board should ensure that staff are aware of the importance of closing curtains during patient consultations on units.	<ul style="list-style-type: none"> Departmental manager to reinforce this practice and monitor compliance weekly using Dignity Spot check audit and feedback to all staff groups involved in care 	Departmental Manager/ Senior Nurse	Completed immediately

1. UNIT ENVIRONMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		delivery.		
1.7	The Health Board should ensure that measures are in place to inform others that care and treatment is taking place behind closed curtains.	<ul style="list-style-type: none"> Care in Progress signs to be used and majority of curtains are already embossed with "care in progress". Signage in place to remind staff of importance of closing curtains and maintaining patient dignity. Compliance will be monitored weekly using Dignity Spot check audit, and feedback provided to all staff groups. 	<p>Departmental Manager/Senior Nurse</p> <p>Senior Nurse</p> <p>Departmental Manager</p>	<p>Immediate action taken</p> <p>Immediate action taken</p> <p>March 2013</p>
1.8	The Health Board should ensure that the mirrors in the minor injury unit are moved to protect patient privacy and dignity.	<ul style="list-style-type: none"> Mirrors are in place on the entrance to the areas and curtains are used to screen 	Senior Nurse	Action on receipt of report - February 2013

1. UNIT ENVIRONMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		patients. Further checks have been conducted and privacy is not affected by current mirror positions.		
1.10	The Health Board should review the availability of toilets in the minor and major injury units.	<ul style="list-style-type: none"> The Health Board staff working in this new department has recognized this requirement. Discussions are ongoing with major projects/estates department regarding the conversion of an area in majors to create two toilet areas for patients. 	Major Projects Manager	June 2013
1.11	The Health Board should provide HIW with assurance that the merging of the Short Stay Unit and Clinical Decisions Unit has resulted in the required improvements in patient care.	<ul style="list-style-type: none"> The development of Clinical Decision Unit has provided a more cohesive environment for 	Senior Nurse	November 2012

1. UNIT ENVIRONMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		patient management.		
1.12	The Health Board should review the layout of the unit area to ensure that the facilities and staffing levels allow for adequate observation of all patients at all times.	<ul style="list-style-type: none"> Transforming Care facilitator to process map area with staff from Emergency Care Centre to ensure adequate observation of patients. There are two observation areas within the department. 	Senior Nurse	April 2013
1.13	The Health Board should ensure that staff are aware of the importance of maintaining single sex bays where possible.	<ul style="list-style-type: none"> All staff made aware of the need to maintain single sex bays where possible dependent on clinical need. 	Senior Nurse / Department Manager	Immediate action taken

2. STAFF ATTITUDE, BEHAVIOUR AND ABILITY TO CARRY OUT DIGNIFIED CARE

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
2.1	The Health Board should ensure that all staff are aware of the importance of treating patients with dignity and respect.	<ul style="list-style-type: none"> • Cwm Taf Dignity pledge shared with all staff and displayed within unit • Spot check Dignity audits undertaken weekly and feedback provided at staff meetings. • Patients invited to complete "Have your say" patient care feedback, issues reported back through directorate governance group. • Staff to attend "Thinking, Differently about patient Dignity" training. 	<p>Senior Nurse</p> <p>Departmental manager</p> <p>Head of Nursing</p> <p>Senior Nurse</p>	<p>January 2013</p> <p>March 2013</p> <p>July 2013</p> <p>March 2014</p>

2. STAFF ATTITUDE, BEHAVIOUR AND ABILITY TO CARRY OUT DIGNIFIED CARE

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<ul style="list-style-type: none"> Transforming care Patient and staff questionnaire to be used for gathering feedback All Emergency Care Centre staff to attend a Creating a Culture of Care Course. 	Senior Nurse Department Manager / Senior Nurse	June 2013 March 2014
2.2	The Health Board should ensure that all staff are aware of the importance of discretion when discussing sensitive information.	<ul style="list-style-type: none"> Feedback provide to all staff on the HIW observation. Written communication provided to medical staff identifying the need for discretion at all times. 	Departmental Manager Head of Nursing	November 2012 November 2012
2.3	The Health Board should review its current staffing levels to ensure that patient care is not regularly compromised due to short staffing.	<ul style="list-style-type: none"> Review of staffing levels and skill with Emergency Care Centre 	Assistant Director of Nursing	November 2012

2. STAFF ATTITUDE, BEHAVIOUR AND ABILITY TO CARRY OUT DIGNIFIED CARE

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<p>completed.</p> <ul style="list-style-type: none"> Results of the review will facilitate numbers of staff needed to manage safely. In the interim period additional staff will be sought from Health Board Bank and or Nursing Agency. Appointment of additional staff has been achieved as identified in establishment review. 	<p>Head of Nursing</p> <p>Senior Nurse</p>	<p>November 2012</p> <p>January 2013</p>
2.4	The Health Board should ensure that all staff are aware of the importance of washing their hands before moving from patient to patient.	<ul style="list-style-type: none"> All staff in department made aware of the need for good hand hygiene practice Infection Prevention Control team to 	<p>Senior Nurse</p> <p>Infection Prevention</p>	<p>November 2012</p> <p>November 2012</p>

2. STAFF ATTITUDE, BEHAVIOUR AND ABILITY TO CARRY OUT DIGNIFIED CARE

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<p>provide updates on "five moments " practice for staff</p> <ul style="list-style-type: none"> • Hand hygiene champions in place • Weekly Hand hygiene audits to be undertaken and feedback provided at staff meetings. • Transforming Care will be implemented into the Emergency Care Centre. Hand hygiene audit results to form part of nursing dash board of key indicators. 	<p>Control team</p> <p>Departmental manager</p> <p>Infection Prevention Control Team</p> <p>Departmental manager</p>	<p>November 2012</p> <p>November 2012</p> <p>March 2013</p>
2.5	The Health Board should provide Protection of Vulnerable Adults awareness training to all staff.	<ul style="list-style-type: none"> • All staff nominated to undertake further awareness training for Protection of 	Departmental manager	August 2013

2. STAFF ATTITUDE, BEHAVIOUR AND ABILITY TO CARRY OUT DIGNIFIED CARE				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		Vulnerable Adult.		
2.6	The Health Board should provide Deprivation of Liberty Safeguards training to all staff.	<ul style="list-style-type: none"> All staff nominated undertakes further training in to Deprivation of Liberty and safeguarding training. 	Departmental manager	November 2013
2.7	The Health Board should ensure that all staff wear identification badges as a means to identify themselves to patients whilst on duty.	<ul style="list-style-type: none"> Nurse in charge has responsibility to ensure that all staff wear identification badges at all times. Spot audits will be undertaken by the Senior Nurse. 	Department manager	February 2013

3. MANAGEMENT OF PATIENTS WITH CONFUSION OR DEMENTIA & PATIENTS WITH MENTAL HEALTH / PSYCHIATRIC CONDITION				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
3.1	The Health Board should review its process for the management of psychiatric patients being cared for in the A&E unit, to ensure that they receive the necessary level of care and support.	<ul style="list-style-type: none"> CRISIS team and mental health teams are engaged in patient care within the Emergency Care Centre and are co-located in the department. 	Department manager and Senior Nurse	February 2013
3.2	The Health Board should ensure that there is a psychiatric care room which has been risk assessed to ensure it is free from potential risks of self harm.	<ul style="list-style-type: none"> CRISIS team have facilities located within the area which have been risk assessed and changes are planned. 	Head of Nursing for Mental Health	April 2013
3.3	The Health Board should provide dementia awareness training to staff.	<ul style="list-style-type: none"> Training for Dementia awareness in place on a rolling programme. 	Senior Nurse	April 2014
3.4	The Health Board should ensure that large signs are available on patient facilities such as bathrooms and toilets.	<ul style="list-style-type: none"> Pictures depicting toilets and bathroom facilities are in place 	Senior Nurse	February 2013

3. MANAGEMENT OF PATIENTS WITH CONFUSION OR DEMENTIA & PATIENTS WITH MENTAL HEALTH / PSYCHIATRIC CONDITION				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<ul style="list-style-type: none"> • Permanent signage to be sourced • Large face clocks to be purchased. 	Service Project Manager Directorate Manager	June 2013 April 2013
3.5	The Health Board should consider implementing an initiative to identify patients with confusion or dementia.	<ul style="list-style-type: none"> • Special assistance and advice will be provided to the Emergency Care Centre team in developing a care environment for patients suffering with Alzheimer's and confusional states. • Patient Support team to explore the feasibility of volunteers being made available to support the elderly client group. 	Senior Nurse/ Patient Support Team Senior Nurse/ Department Manager.	March 2013 December 2012

3. MANAGEMENT OF PATIENTS WITH CONFUSION OR DEMENTIA & PATIENTS WITH MENTAL HEALTH / PSYCHIATRIC CONDITION

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<ul style="list-style-type: none"> • "This is me" leaflet to be implemented and use of "Forget me not" symbol on Patient status board to identify client group. • Transforming care facilitator to advise. • All registered nurses working in the Emergency Care centre will be nominated to attend Graduate Training Programme focussing on the needs of patients with dementia. 	<p>Senior Nurse Transforming Care Team</p> <p>Senior Nurse</p>	<p>June 2013</p> <p>March 2014</p>

4. CARE PLANNING AND PROVISION

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
4.1	The Health Board should ensure that patient assessments are routinely fully completed and regularly updated by staff.	<ul style="list-style-type: none">• Documentation training for all staff is in place.• Spot check Documentation audit to monitor compliance will be undertaken and feedback provided via staff meetings.• Fundamentals of care audit will be undertaken twice a year.	Department Manager / Senior Nurse	September 2013

4. CARE PLANNING AND PROVISION				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
4.2	The Health Board should ensure that care plans are fully completed and evaluated by staff.	<ul style="list-style-type: none"> All registered nurses working in the Emergency Care Centre will be reminded of their duty under Nursing and Midwifery Council Code of Conduct with regard to the Standard of Record keeping. The Nurse in charge will be tasked with ensuring that staff fully complete and evaluate patient care plans at the required standard The Senior Nurse/Head of Nursing will carry out spot audits of care plans to ensure compliance and feedback will be provided 	<p>Department manager</p> <p>Departmental Manger</p> <p>Senior Nurse/Head of Nursing</p>	<p>February 2013</p> <p>November 2013</p> <p>May 2013</p>

4. CARE PLANNING AND PROVISION				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		through staff meetings.		

5. FLUID AND NUTRITION

REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
5.1	The Health Board should ensure that there is a system in place to ensure that fluids are routinely made available to all patients within easy reach and staff routinely encourage patients to drink.	<ul style="list-style-type: none"> • Spot checks for compliance re fluid monitoring and the position / availability of drinks will be carried out • All Wales fluid charts will to be used to monitor fluid intake / output • All Wales fluid guidance posters to be displayed within Emergency Care Centre • All patients who have been in the Emergency Care Centre for longer than 8 hours (who are allowed to eat and drink) will be offered a hot meal. • Spot checks for compliance re 	<p>Departmental manager</p> <p>Departmental manager</p> <p>Senior Nurse</p> <p>Nurse in Charge of shift</p> <p>Departmental manager/</p>	<p>January 2013</p> <p>January 2013</p> <p>February 2013</p> <p>December 2012</p> <p>December 2012</p>

5. FLUID AND NUTRITION				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		nutritional needs will be carried out and feedback provided through staff meetings.	Senior Nurse	
5.2	The Health Board should consider implementing a system to help staff identify which patients on the units require assistance to eat.	<ul style="list-style-type: none"> • Patient status Board will indicate patients who require assistance and modified diets. Transforming care facilitator to advise and to work with the department to ensure compliance. 	Department Manager / Senior Nurse	June 2013
5.3	The Health Board should consider implementing protected meal times on the new Medical Assessment unit.	<ul style="list-style-type: none"> • Protected meal times to be implemented as practicable, however patients clinical requirements will need be taken into account. 	Department Manager / Senior Nurse	April 2013
5.4	The Health Board should ensure that food charts are appropriately completed for patients	<ul style="list-style-type: none"> • All Wales food charts will be used 	Department Manager /	April 2013

5. FLUID AND NUTRITION				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
	who require them	<p>to monitor food intake</p> <ul style="list-style-type: none"> All Wales fluid guidance posters to be displayed within Emergency Care Centre Spot checks for compliance re food chart monitoring will be undertaken and feedback provided via staff meetings. 	Senior Nurse	

6. PRESSURE SORES				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
6.1	The Health Board should ensure that staff are aware of the POVA referral process and criteria for referral in the context of pressure sore grading.	<ul style="list-style-type: none"> Staff to undertake further training in relation to Protection of Vulnerable Adults in the context of pressure sore 	Senior Nurse	June 2013

6. PRESSURE SORES				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		grading.		
6.2	The Health Board should ensure that patients at risk of pressure sores are appropriately provided with a pressure relieving mattress.	<ul style="list-style-type: none"> • Repose pressure relieving mattresses are available in the department for at risk patients. • Low Air loss mattresses are available via the supplies department. • Tissue Viability Nurse Specialist is working with the Emergency Care Centre staff to support full implementation of the skin care bundles. 	<p>Departmental manager Senior Nurse</p> <p>Supplies Staff</p> <p>Department manager & Senior Nurse</p>	<p>February 2013</p> <p>December 2012</p> <p>September 2013</p>
6.3	The Health Board should ensure that safety crosses are in place which are fully completed and regularly updated by staff.	<ul style="list-style-type: none"> • Transforming care facilitator to advise on process for safety cross 	Department Manager / Senior Nurse	May 2013

6. PRESSURE SORES				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		measures as part of the implementation of Transforming care in the department.		

7. PERSONAL CARE AND HYGIENE				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
7.1	The Health Board should ensure that oral hygiene assessments are consistently completed by staff.	<ul style="list-style-type: none"> • Staff to be trained in use of mouth care assessment tool and care plan. • Compliance to tool to be monitored via spot check mouth care audit. Feedback provided via staff meetings. 	Department Manager / Senior Nurse	February 2013
7.2	The Health Board should ensure that all staff are aware of, and adhere to. All aspects of patient personal care needs.	<ul style="list-style-type: none"> • Senior Nurse to implement use of personal hygiene 	Department Manager / Senior Nurse	June 2013

7. PERSONAL CARE AND HYGIENE				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<p>care plan and monitoring form-compliance to be spot check.</p> <ul style="list-style-type: none"> Audited, and feedback provided via staff meetings. 		
7.3	The Health Board should ensure that patients are provided with the opportunity to wash their hands before meal times.	<ul style="list-style-type: none"> Senior Nurse will ensure that this will be implemented as part of protected meal times procedure, and this will be monitored. 	Department Manager / Senior Nurse	March 2013

8. TOILET NEEDS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
8.1	The Health Board should ensure that a consistent approach to the effective cleaning of commodes is put in place and a visible sign to indicate the commode is cleaned and ready for	<ul style="list-style-type: none"> The Transforming Care "Commode Cleaning standard" will be reinforced 	Departmental manager/Senior Nurse	<p>March 2013</p> <p>January 2013</p>

8. TOILET NEEDS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
	use is attached to it.	<p>to all staff in the Emergency Care Centre, which includes the use of the green verna-tape and signatures</p> <ul style="list-style-type: none"> Assessment of commodes for standards of cleanliness will be undertaken on a weekly basis and immediate feedback to staff provided. 	Departmental manager	January 2013
8.2	The Health Board should ensure staff are aware of training as to when it is appropriate to wash their hands, use alcohol gel/foam and when to wear and remove gloves.	<ul style="list-style-type: none"> Level 2 training is provided across the health board, staff will be nominated to attend by their line manager. Infection Prevention Control nurse will provide training at 	<p>Lead Nurse for Infection Prevention Control</p> <p>Lead Nurse for Infection Prevention Control</p>	<p>February 2013</p> <p>April 2013</p>

8. TOILET NEEDS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<p>department level and routine auditing of practices undertaken.</p> <ul style="list-style-type: none"> Hand hygiene champions have been appointed responsible for policing clinical areas to ensure compliance and provide support to all staff groups. 	Departmental Manager	January 2013

9. BUZZERS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
9.1	The Health Board should undertake a review of the availability of emergency buzzers in all patient areas.	<ul style="list-style-type: none"> Buzzers are in place in all planned areas 	Departmental Manger	January 2013
9.2	The Health Board should ensure that staff aim to answer buzzers / call bells promptly or provide an explanation and reassurance to patients if they are unable to do this because they are	<ul style="list-style-type: none"> Staff will be advised of the need to make every effort to 	Department manager	November 2012

9. BUZZERS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
	busy.	respond to patient calls in a timely manner.		
9.3	The Health Board should ensure that all patient buzzers are within their reach.	<ul style="list-style-type: none"> All staff will ensure that patient buzzers are placed within easy reach of patients before they leave their bed areas. Spot audits of compliance will be carried out by Departmental manager /Nurse in Charge and feedback will be provided via staff group meetings. 	Department manager & Nurse in Charge	December 2012

10. COMMUNICATIONS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
10.1	The Health Board should ensure that communication aids are available on the units to assist patients with sensory	<ul style="list-style-type: none"> All staff working in the Emergency Care Centre have 	Senior Nurse	December 2012

10. COMMUNICATIONS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
	impairments and that staff are aware of them.	<p>been advised of the aids that are available for patients with sensory impairment.</p> <ul style="list-style-type: none"> • Visual aids are available as communication tools for those who may experience verbal impairment. • Auditory amplifiers are available for those with auditory impairment. 	<p>Departmental manager</p> <p>Departmental manager</p>	<p>December 2012</p> <p>December 2012</p>
10.2	The Health Board should ensure that systems are in place to notify waiting patients of the length of time they maybe waiting to be seen.	<ul style="list-style-type: none"> • A group will be convened to consider the requirements to meet the recommendation, this will include a 	Departmental manager	July 2013

10. COMMUNICATIONS				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		communication standard for patients waiting.		
10.3	The Health Board should review the current communication system for directing patients through to triage in the minor injury unit to ensure that it appropriately meets the needs of the communication needs of all patients.	<ul style="list-style-type: none"> • New signage has been erected. • A new communication system of working will be developed for patient movement within the department. This will link with action 10.2 	<p>Estates Staff</p> <p>Senior Nurse/Departmental manager</p>	<p>December 2012</p> <p>June 2013</p>

11. MEDICINE AND PAIN MANAGEMENT				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
11.1	The Health Board should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is regularly reviewed and evaluated.	<ul style="list-style-type: none"> Pain nurse tasked with producing system for the accurate assessment evaluation of pain in the Emergency care Centre. 	Lead Nurse for Pain/ Head Of Nursing	May 2013
11.2	The Health Board should ensure that there are systems in place to ensure that patients who require pain relief are routinely provided with pain killers.	<ul style="list-style-type: none"> All patients will have a pain assessment tool to monitor effects of treatment given. 	Departmental manager	February 2013
11.3	The Health Board should ensure that methods are in place to ensure that patients take their medication when it is administered and therefore not left unattended on patient bedside cabinets.	<ul style="list-style-type: none"> All staff will be advised of their responsibility in line the Health Boards policy on the Administration of Medicines. This will be monitored within the department and action taken as appropriate. 	Departmental manager	February 2013

12. DISCHARGE PLANNING				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
		<p>the pilot will be undertaken</p> <ul style="list-style-type: none"> • If successful opportunities to develop this service into a sustainable service will be explored. 		

13. ACTIVITIES				
REF	RECOMMENDATION	HEALTH BOARD ACTION	RESPONSIBLE OFFICER	TARGET COMPLETION DATE
13.1	The Health Board should consider ways to provide patients on the Medical Assessment Unit with stimulation throughout their time on the unit.	<ul style="list-style-type: none"> • 17 TV's to be purchased for cubicles, bays and waiting area. 	Directorate Manager	March 2013