

ACTION PLAN ARISING FROM A HEALTH INSPECTORATE WALES VISIT UNDERTAKEN TO ST CARADOGS & ST NONS WARDS, BRO CERWYN CENTRE, WITHYBUSH HOSPITAL ON THE 8th, 9th, 10th AND 11th SEPTEMBER 2014

	Recommendation	Action	Responsible Officer	Timescales
1	Staffing Levels must be addressed as a matter of urgency.	Agreed with Head of service to have a minimum of 3 staff available (over and above any patients on 1:1 observations).	Interim Deputy Director of MH & LD Acute Care Service Manager Ward Manager (St Caradogs (SC))	Agreed with immediate effect
2	Recruitment and retention issues must be addressed.	All HCSW posts now been recruited into. 1 Full Time RNMH post to complete recruitment to established budget levels (Vacancy Approval Form to be completed for this post by end of month).	Ward Manager Acute Care Service Manager	31 st October 2014
3	Training must be undertaken for all areas identified.	Since 2012 HDUHB has changed the system for Basic Life Support (BLS) training for HCSW. The course is now linked to Immediate Life Support (ILS) training. This training is primarily offered to Registered Nurses. HCSW workers can however access these courses if places are available following the allocation to Registered Nurse and if their role requires them to be trained. The Protection and Management of Violence & Aggression (PAMOVA) team have been training all staff who undertake	PAMOVA Team	BLS training incorporated into PRI training from January 2014

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		<p>the Restrictive Physical Intervention (RPI) in BLS training from January 2014 as part of their core course content.</p> <p>Service Improvement Leads (Acute Adult, Adult Community and OAMHS) are developing a central training matrix for all in-patient units for ward managers to record and plan for the training needs of their workforce; this is inclusive of e-learning, mandatory and essential training.</p> <p>St Caradogs to reintroduce their monthly training day to support staff in their completion of in-house training.</p> <p>First session scheduled for 21st Oct looking at:</p> <ul style="list-style-type: none"> • Group Supervision • Risk Assessments • Skills with BPD <p>Waiting for Resus Department to confirm dates for on ward training for ILS. All staff accessing ILS training across the MH & LD directorate will be recorded monthly within the Fundamentals of Care (FoC) Matrix.</p>	<p>Service Improvement Leads Ward Managers (St Nons (SN) and SC)</p> <p>Ward Manager (SC) Relevant trainers to be co-opted in when required.</p>	<p>1st Meeting: 21.10.14 2nd Meeting: 25.11.14</p>
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		<p>6 Preceptees on Ward - All will undertake the following as part of preceptorship programme between now and March 2015:</p> <ul style="list-style-type: none"> • WARRN • STORM • ILS <p>Training booked since HIW visit:</p> <ul style="list-style-type: none"> • RPI (4 day) x 3 RMN and x1 HCSW • RPI (4 day) x 4 RMN and x1 HCSW • ILS (1 Day) x 3 RMNs • HCSW Apprentice - x1 currently on Training and x 2 have applied for intake this year 		<p>Completed 23rd Sept 2014</p> <p>Booked 18th Nov 2014</p> <p>Booked for 3rd Dec 2014</p>
4	All staff must receive regular and documented supervision.	<p>Supervision plan for (cascade supervision) had been in place at time of HIW visit but was not fully implemented due to: Vacancies Clinical Demand</p> <p>Supervision now reformatted and to be discussed and re-launched at staff meeting on 21st Oct. Management system will be in place to ensure that supervision is adhered to as per policy.</p> <p>As discussed with HIW, the Acting MH Clinical Lead OT</p>	<p>Ward Manager (SC) Ward Sisters (SC)</p> <p>Acute Care Service Manager</p> <p>Acting MH Clinical Lead Occupational Therapist</p>	<p>Programme of supervision in place – compliance with this will be monitored by Acute Care Service Manager.</p>

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		provides a structured individual supervision for all band 6 OTs in Pembrokeshire and OT Technicians on a 6 weekly basis, with PDRs completed.		
5	All staff must receive an annual PDR review.	PDR tree has been developed and a time table created to outline when PDRs will take place. This will be monitored through the Fundamentals of Care monthly audit and the ward manager will produce list of active PDRs by month end and re-launch at staff meeting of 21st October.	Ward Manager (SC) Acute Care Service Manager	31.10.14 Reviewed Monthly through FoC programme for PDRs in place – compliance with this will be monitored by Acute Care Service Manager.
6	All maintenance issues to be addressed.	25 separate estate issues were highlighted between both wards following a 'walk though' by the HB estate team. All of these issues highlighted have now been completed. A monthly meeting will be set up with the estates department and ward managers, to discuss any pending estates work so it can be addressed with appropriate time frames agreed.	Estates Dept Estates Dept Ward Manager (SC) Ward Manager (SN)	All works relating to estate issues identified completed by 17 th October 2014
7	Standard of food on both wards was completely unacceptable; all areas identified must be addressed.	Adjustments to food trolley have been made by the estates department who are responsible for this facility and menu adjustments/variety have been implemented as per Withybush General Hospital.	Estates Dept	Food Trolley - 12.10.14 Menu Changes - 15.09.14

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		Interim Deputy Director of MH & LD meeting with Hotel Services Manager with a view to continuing with current position of compliance with the same provision as the local DGH.	Interim Deputy Director of MH & LD Hotel Services Manager	29.10.2014
8	Staff morale must be improved.	With points 1, 2 and 3 being implemented, staff morale should increase; however ward managers of both units to monitor this issue on a regular basis through relevant supervision structures.	Ward Manager(s)	Points 1,2, and 3 implemented and will be monitored by the Acute Care Service Manager and OAMHS Service Manager
9	Patient activities on St Caradogs must be improved.	Through a discussion with HIW inspectors the OT highlighted the contribution made by OT staff in supporting the nursing activity provision initiative at St Caradogs that was developed in 2012/13 this provision will continue and be monitored by the OT. Strategies to fundraise in order to purchase activity trolleys across all of the adult MH in-patient wards have been explored and this will be led by the OTs in their respective areas.	Occupational Therapist Occupational Therapist Ward Staff	Programme re-identified and commenced following HIW visit
10	Arbitrary decisions must not be undertaken and there must be facilities for patients to make contact with family and friends.	Review of this decision has been discussed at length within the In-patient clinical and environmental group. The decision of use of mobile devices on in-patient	Ward Manager(s)	From 08.10.14

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		wards will be based upon individual risk assessment. This will be clearly documented within their risk assessment and CTP.		
11	A patient notice board must be provided and relevant information displayed including advocacy details on St Caradogs.	Awaiting repair of notice board by estates prior to erecting on St Caradogs ward. Job number attached and awaiting confirmation of timescale.	Estates Dept Ward Manager	Completed 24.10.14
12	Documentation issues and timeliness of reporting significant events to be addressed.	All staff have been reminded (emailed 09.10.14) of the importance of completing and reporting significant events. Training day 21.10.14 looking at governance issues centred on this subject.	Ward Manager	21.10.14
13	A review of the facilities for patients admitted under a section 136 is required.	An area of the ward has been identified to provide a dedicated s136 assessment facility. A capital bid will need to be submitted to the HB capital planning group in order to create a separate entrance to the facility.	Interim Deputy Director of MH & LD	23.10.14
14	A review of the clinic/treatment room (St Caradogs) highlighted the following observations: <ul style="list-style-type: none"> • Confusion amongst staff in relation to the recording of controlled drugs. • There were patient administration records that had entries which were 	Clarity has been sought and process implemented in relation to the recording of controlled drugs. Ward Sister to monitor the prescription charts on a weekly basis in conjunction with ward	Pharmacist Interim Deputy Director of MH & LD Ward Sister Ward Medical Staff	Completed Implemented w/c 27.10.14

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	crossed out and over written, making them unclear.	medical staff.		
15	A review of the arrangements for admitted patients is required to ensure that the hospital does not have more patients than beds.	<p>In order to work within bed capacity the following measures have been implemented in collaboration with community colleagues:</p> <ul style="list-style-type: none"> • Bed Management system implemented • Acute Care Service Manager and Community Service Manager - Adult MH working in collaboration to ensure that CTP/Risk Management plan are adequate and reflective of patients' monitoring requirements. <p>Address occupancy in relation to patients on extended s17 leave as to the appropriateness of them continuing on this type of leave.</p>	<p>Interim Deputy Director of MH & LD Head of Community Services – Adult MH Acute Care Service Manager Community Service Manager – Adult MH Medical Staff</p> <p>Ward Medical Staff</p>	04.09.14
16	Some of the patients' files examined contained expired section 17 leave forms.	These have now been marked as cancelled so it is evident to staff which form is the most current for ease of reference as directed by HIW. This practice will be continued as form s17 leave expires or changes.	Ward Medical Staff	14.10.14