

**Powys teaching Health Board  
Dignity & Respect HIW Report Action Plan Brecon War Memorial Hospital (Bannau Ward)**

This action plan responds to the unannounced review of the Dignity and Respect afforded to patients largely in Crug Ward (Older people Mental Health) at Brecon War Memorial Hospital. The review however also included a short visit to Bannau Ward (General Rehabilitation). The report does not identify clearly which issues relate to Bannau Ward. It has been decided therefore to base the action plan broadly on the one drawn up for Crug ward but excludes those known mental health specific actions. This action plan is wholly owned by Powys teaching Health Board. This plan will be monitored by the Improving Patient Involvement and Experience Committee and will report into the Quality and Safety Committee.

<b>Recommendation: 1) Improve signage throughout all areas in particular increasing the size and displaying pictorial signs</b>				
<b>Ref.</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress(as at Jan 2011)</b>
PtHB1	Review all signs, update, laminate, replace and ensure large enough, coloured where appropriate to meet needs of those with disability e.g. sight problems.	Matron with Ward Sister.	April 2010.	All signs are currently laminated Signs reviewed and pictorial signs added. Reconfiguration of OPD, Day Surgery and Birth Centre new signage with Braille for blind. Loop system in all areas for the hard of hearing.
PtHB2	Ensure replacement signs are put into place and that where any concerns arise these are reported and dealt with as necessary.	Matron with ward Sister.	April 2010.	Reconfiguration Brecknock access group involved to ensure all aspects were covered for the disabled, blind & hard of hearing.
<b>Recommendation: 2) Actively involve (and document) clients, carers and their families in care planning to ensure all needs are met</b>				
<b>Ref.</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress(as at Jan 2011)</b>
PtHB1	Arrange a briefing session on 'how to involve' for all staff (already identified as an action following Fundamentals of care Audit).	Matron with ward Sister.	April 2010.	Clinical leads meeting involve community and team leaders and Dignity & Respect is part of the agenda.
PtHB 2	Ensure the involvement of patients and carers in care planning is identified as a	Nurse Director.	May 2010.	Annual Patient/carers stories undertaken.

	priority within the 2010-11 work programme for the Improving Patient Involvement and Experience. <i>This will be monitored through the Fundamentals of Care Audit Programme.</i>			Patient / carer involvement on admission. Annual Fundamentals of Care Audit.
<b>Recommendation: 3) Improve facilities for patients with disabilities e.g. hearing impaired, sensory loss and increase staff awareness of resources e.g. Braille/ loop systems</b>				
PtHB 1	Ensure all staff are aware of what is available and how to access communication enhancing facilities – potentially through a guidance card at ward level.	Matron.	May 2010.	Ward manager & Matron developing contacts folder with directory access with all services available in Powys and the voluntary sector.
PtHB 2	Review the range and availability of communication enhancing facilities across the organisation and implement improvement actions as a result (within Improving Patient Involvement and Experience Committee).	Nurse Director.	September 2010.	
<b>Recommendation: 4) Review frequency and outcomes of POVA/POCA training. Record and monitor staff training</b>				
<b>Ref.</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress(as at Jan 2011)</b>
PtHB 1	In line with the current PoVA and Child Protection Training Plans expedite training, ensuring local records are maintained. <i>This will be monitored by the Adult Protection Forum which reports to the Quality &amp; Safety Committee as well as through Locality Performance management mechanisms.</i>	Named Nurse Safeguarding.	March 2010.	
PtHB 2	Ensure central records adequately reflect the training that has taken place in relation to PoVA and Child Protection. <i>This will be monitored by the Adult and Child Protection fora reporting through to the Quality &amp; Safety Committee. It will also form part of the mandatory and statutory training project that</i>	Named Nurse Safeguarding.	June 2010.	64% staff completed Child Protection.

	<i>is currently underway.</i>			
<b>Recommendation: 5) Implement Personal/Professional Development Reviews for all staff</b>				
<b>Ref.</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress(as at Jan 2011)</b>
PtHB 1	A timetabled plan for all PDR will be produced.	Matron.	March 2010.	29% staff PDR completed 71% in progress.
PtHB 2	All PDRs will be completed by July 2010. There will be at least a 6 monthly review of PDR, which will be monitored by the Executive Directors as one of the corporate objectives.	Matron.	July 2010.	Ward Sisters maintain record for Reviews.
<b>Recommendation: 6) Implement the forthcoming Independent Safeguarding Requirement for CRB checks for all staff in the required staff groups</b>				
PtHB 1	In line with current work programme ensure all staff in certain identified roles have an enhanced CRB in accordance or ahead of ISA implementation.	HR & OD Director.	May 2010.	All Y Bannau are CRB checked.