

**Cardiff and Vale University Health Board
Mental Health Division
HIW Action Plan for the Older People Directorate
Whitchurch Hospital & Iorwerth Jones Unit**

Updated – February 2011

AREA FOR IMPROVEMENT	ACTION REQUIRED	OPERATIONAL LEAD	EXECUTIVE LEAD	TIMESCALE	PROGRESS/ COMPLETION DATE
Staffing Issues					
Ensure adequacy of staffing levels to provide supervision of patients and support with activities of daily living such as eating.	<ol style="list-style-type: none"> 1. Review staffing levels within each ward across the Older People Directorate. 2. Agree minimum staffing levels/establishment within each ward 3. Ward Sister/Charge Nurse to ensure that any incident of staffing below agreed establishment levels is reported to the Senior Nurse and an incident form completed. 4. Directorate Management Team to establish a mechanism to monitor staffing levels within clinical areas. 5. Ward Sister/Charge Nurse to ensure that staffing rotas reflect patient need at key times of the day such as 	Lead Nurse Older People	Director of Primary, Community and Mental Health Services		<p>February 2011 update Lead Nurse appointed August 2010 Senior Nurse Managers appointed November 2010 Nursing establishments reviewed with Divisional Nurse and signed off by Executive Nurse Director - Completed Skill mix review underway within Directorate to achieve balance and reflect complexity of workload across the service by April 2011</p>

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Staffing Issues					
	mealtimes so that appropriate levels of assistance can be provided.				
All staff must wear identification whilst on duty.	All Staff to be reminded of the need to wear identification whilst on duty. Ward Sister/Charge Nurse to monitor compliance with the wearing of ID badges and raise non-compliance directly with individual staff members.	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update CNLs are monitoring compliance on ward visits and in all quality and safety visits.
Review arrangements associated with diversional / meaningful activities for patients including input by Occupational Therapy staff.	To provide a comprehensive range of activities by appropriately trained staff	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	Current	Feb 2011 update New Refocusing Nurse appointed Supervision of Refocusing Nurses strengthened. Iorwerth Jones OT deficit remains Physiotherapy deficit addressed by resource re-allocation in Therapies Review of 0.5 Band 6 (greater governance risk in Directorate Risk Register) More meaningful activity to reduce challenging behaviours and improve communication

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Patient Property					
Review patient laundry system to address turnaround times of the laundering of patient clothing, loss of patient clothing and marking of clothing.	<p>Directorate representative to attend Laundry Interface Meetings to raise on-going issues.</p> <p>Audit of laundry bagging to be conducted and results shared at Directorate Team Meeting and with Laundry interface Group.</p> <p>Laundry information and advice to patients/carers to be updated in Information Handbook.</p>	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	October 2010	<p><u>February 2011 update</u></p> <p>Contract renewal completed Clinical Nurse Leader now regularly attends Laundry Interface Meeting Night audit undertaken in Iorwerth Jones and bagging errors reduced. Re-audit in April 2011</p>
Provide infection control information associated with the use of ward based washing machines.	Infection control information in place by washing machines	Lead Nurse Older People	Director of Primary, Community and Mental Health Services		<p>February 2011 update COMPLETED</p>

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Environment of Care					
Provide signs for use on doors/curtains to promote privacy for patients whilst clinical intervention/care is taking place taking.	Laminate signage to be devised and circulated to all wards within the Directorate with advice for usage during interventions/care provision.	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update Governance Support Nurse has prepared appropriate signs and these are in the process of being distributed Fundamental of Care audits undertaken on a 6 monthly basis
Improve directional signage within ward/clinical areas and consider the use of pictograms to aide room recognition.	Issue of signage to be highlighted as part of the planned refurbishment of Ward West 1.	Lead Nurse Older People		December 2010	Completed
Review the decorative order/use of signs and pictures to support patient orientation within the Iorwerth Jones Centre.	Audit of signposting and visual aids to be undertaken and included in the revised MHSOP Directorate Fundamentals of Care Standards.	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	October 2010	Feb 2011 update Newly appointed Senior Nurse in-patients will review signage across the service. Completion in April 2011

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Environment of Care					
Replace dirty (fabric) patient seating within ward areas.	Resolved	Lead Nurse Older People	Director of Primary, Community and Mental Health Services		Feb 2011 update COMPLETED New furniture has been purchased and in place
Provide window coverings (curtains/blinds) in ward areas which are in working order and promote patient privacy.	Most replacement curtains have now been fitted in CYF. Mirror effect obscuring film in the process of being fitted, though delayed by the company	Lead Nurse Older People	Director of Primary, Community and Mental Health Services		Feb 2011 update Male unit works Completed Female unit works Completed
Promote personalisation of patient areas/rooms.	Refocusing Nurses will be asked to prioritise personalisation of bed space in their programme of work, especially for those patients without visiting carers	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services	November/ December 2010	Feb 2011 update COMPLETED in Nov 2010 Personalisation of bed space has been a focus of Refocusing Nurses across the service. Visible improvements noted on Clinical Director walkabouts
Review in-patient arrangements for patients and reconsider the mix of organic and	The Senior Directorate Team will continue to prioritise admissions according to assessed clinical risk, to the acute assessment ward which best meets identified needs	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	To be considered over the next 6 months	Feb 2011 update Work associated with new MHSOP Acute Assessment Unit is progressing to ensure

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Environment of Care					
functional illness (West 4).					optimal management of organic and functional illness.
Review the arrangements for staff handover to ensure that information is shared in an environment which promotes confidentiality.	An alternative system for nursing handovers will be devised, whilst maintaining patient observation	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	October 2010	Feb 2011 update Handovers now take place in the conservatory areas, enabling patient observation but privacy of issues discussed PARIS Ward Handover Report proforma reviewed and its implementation supported across the service
Ensure that nursing stations are secure and that records and other patient identifiable information cannot be accessed by people other than those entitled to it.	Most patient related information is held on the PARIS electronic patient record.	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	November 2010	Feb 2011 update Review undertaken. Patient identifiable information removed from sight

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Environment of Care					
Review the arrangements for access to patient bedrooms by patients by day to enable rest and relaxation under appropriate levels of supervision.	The ward teams are ensuring that patients have access to their bedrooms during the day. This can however be difficult when other patients are wandering. Current staffing levels are under review which would assist with the supervision to allow access to bedrooms at any time.	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	August 2010	Feb 2011 update Continued work at ward level to maximise ability for patients to access their rooms, while also ensuring appropriate levels of supervision.
Review the arrangements and facilities in place within ward areas to enable quiet space/visiting.	Poster to be designed and printed advising relatives of access to and location of Quiet Visiting Room. Service users and carers to be advised of private visiting rooms as part of the admission process	Lead Nurse Older People Ward Sister/ Charge Nurse	Director of Primary, Community and Mental Health Services	August 2010 Immediate	Feb 2011 update COMPLETED Posters prepared and displayed informing visitors of Quiet Visiting Room facility (Iorwerth Jones)
Review the number and type of bathrooms available in ward areas, removing or replacing baths/furniture as considered appropriate.	Work has been undertaken with a new bath in one area and refurbishment of the other bathroom	Lead Nurse Older People	Director of Primary, Community and Mental Health Services		Feb 2011 update New wet room installed West 1 New Parker Bath installed West 1 Cefn Onn bath not working escalated to Estates colleague, still awaiting progress

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Environment of Care					
Address outstanding maintenance issues: replace the broken conservatory door in Coed –y-Nant and repair or replace the leaking pipe in West 1 bathroom.		Lead Nurse Older People	Director of Primary, Community and Mental Health Services		NOV 2010 update COMPLETED
Review the arrangements for the storage of personal toiletries in all wards/clinical areas.	The directorate have requested the UHB de-cluttering team come and advise on best use of space. The fits with the Releasing time to care initiative	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	November 2010	Feb 2011 update COMPLETED All bedrooms provided with locked cabinet in which toiletries are stored. Regular audit of compliance in place
Provide guidance for staff on the use of the Loop System where it is in place and available for use.	Loop system to be checked in Iorwerth Jones to enable staff to use for patients where required. To access LHB facilities (portable units) when required	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update COMPLETED No patient or relative currently needs access to the loop system Loop system is available and working when required

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Environment of Care					When admitting patients to the wards across the Directorate an initial assessment of needs for patient and carer undertaken. If required the UHB will access when required equipment/assistance for patient or carer needs
Review the arrangements associated entry and egress from wards including the risk assessment associated with ward security and deprivation of liberty.	The current door entry system is supported by an Open Door Policy. The MHSOP Directorate has been advised legally that the use of this system does not amount to a Deprivation of Liberty unless the patient is asking or attempting to leave. In these circumstances a Deprivation of Liberty Safeguard or Mental Health Act section would be required	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services	November 2010	Feb 2011 update COMPLETE There is an intercom system in place in lorwerth Jones which allows visitors to ring unit door bells and for staff to release the door remotely to allow access. On leaving the ward a nurse leaves with the visitor to open the external door. This system seems to be working well. Risk assessments re: DOLS undertaken to

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Environment of Care					ensure that patients are not detained are able to leave the ward if it is safe for them to do so.
Review arrangements for hand gel for infection control purposes	Some areas in MHSOP do not have hand gel readily available at ward entrances	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services	October 2010	Feb 2011 update Senior Nurses leading regular audit to check availability of safely positioned gel dispensers across the service
Review ligature assessment procedures for MHSOP clinical areas	Risk Assessment of acute assessment wards for MHSOP regarding ligature risks	Ward Sister/Charge Nurse Health & safety advisor	Director of Primary, Community and Mental Health Services	September 2010	Feb 2011 update Assessment undertaken, and Health and Safety Advisor approached to undertake further reassessment. Risk assessments for ligature points are undertaken in all clinical areas on an annual basis. This is monitored through the Divisional Health and Safety group.

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Fundamentals of Care					
Review continence management arrangements for all patients in Iorwerth Jones Centre.	All patients have individualised care plans for continence care and are assisted to toilet at frequencies appropriate to them.	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services	End of August 2010	Feb 2011 update Nursing documentation audit agreed to enable consideration of continence care and other Fundamentals of Care, care plans. Relatives satisfaction survey to be undertaken,
Review the arrangements for the provision of beverages for patients throughout the day in all wards.	Directorate to identify and consider safe options available to enable fluids to be available for patients in lounges and activity areas 24 hrs a day. Staff to be reminded of the importance of hydration and individualised care planning.	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	End of August 2010	Feb 2011 update Nursing staff have been reminded of the importance of maintaining hydration This issue will also be addressed in the Relatives satisfaction survey to be undertaken Fluid intake monitoring as a baseline standard is being introduced as part of the Iorwerth Jones Development Programme.

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Review the mechanisms available to support patients making choices in the selection of food choices.	Staff to be aware of patients preferences, either from the patient or carer to advise what choices an individual can make	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services	End of August 2010	Feb 2011 update COMPLETE Directorate Getting To Know You Form revised to include strengthened section on food and drink preferences
Provide sensory equipment for patients where sensory impairment is identified.	To ensure that sensory impairment recognised and to seek portable equipment to support patients with sensory impairment	Ward Sister/Charge Nurse	Director of Primary, Community and Mental Health Services		Feb 2011 update Room in centre of lorwerth Jones Unit being refurbished as a Multi-sensory Therapy Room/Quiet Sitting Room. Portable MSE Unit already in situ Sensory impairment will be assessed as a baseline, to be introduced through the lorwerth Jones Development Programme.
Documentation					
Fully implement the PARIS system in all wards/clinical areas across the directorate	Compliance by all health professional with PARIS IT system and MDT planning. Training to be repeated for staff where non compliance is found following audit of practice	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	End of August 2010	Feb 2011 update Audit undertaken. Individual staff supported with additional update training where necessary.

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					MHSOP Directorate Documentation Standard reviewed and audit to be undertaken in December 2010
Review the arrangements in place and documentation associated with mental capacity assessment and consent.	All health professionals to understand their responsibilities in assessing and recording mental capacity and consent	Lead Nurse Older People Clinical Director for MHSOP	Director of Primary, Community and Mental Health Services	Work in progress.	Feb 2011 update Mental Capacity assessment and Best Interests decision forms presented at MHSOP Quality & Safety meeting and circulated. New UHB Form 4 distributed to medical teams Further training opportunities circulated to staff across the service. Six monthly audit of patient Records to be undertaken
Review the arrangements for the use and updating of the Do Not Resuscitate (DNAR) form.	All members of MDT to recognise their responsibilities regarding up to date DNAR. Regular audit by MHSOP to be undertaken.	Clinical Director Older People	Director of Primary, Community and Mental Health Services	September 2010	Feb 2011 update Re-audit undertaken with Resuscitation Office evidences improved compliance

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Documentation					
Provide written information (leaflets) in all wards/clinical areas for patients/visitors on the complaints process and how to make a complaint.	Information to be on the wards in various forms to enable patients, carers to make complaints. Ward staff are also being advised how to advise patients and relatives	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	September 2010	Feb 2011 update COMPLETE Welsh Assembly Government complaint leaflet circulated to and displayed in all clinical areas
Provide access to up-to-date policies and procedures relating to Protection of Vulnerable Adults (POVA)	The LHB have an overarching policy and procedures for the Protection of Vulnerable Adults which applies to all clinical areas	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	Work in progress	Feb 2011 update The new All Wales POVA Policy is imminently due for sign off. This will be circulated as soon as it becomes available

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Training					
Take steps to improve staff awareness of the role and function of Advocacy Services.	Advocacy services are currently not available in the Cardiff and Vale area for Advocacy for Older People. The IMCA service is fully utilised by MHSOP	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	Discussions continue.	<p>Feb 2011 update It remains difficult to advertise IMCA and IMHA services, as their involvement has to be instructed only in limited circumstances by the UHB The unavailability of general Advocacy services will be escalated to the Advisory Planning Group for Mental Health.</p> <p>Discussions with South Wales Mental Health Advocacy underway re: Mental health Measure. This will enable all ages to access Advocacy services from April 2011.</p>
Take steps to improve staff awareness and implementation of Protection of Vulnerable Adults (POVA) of policies and procedures.	The link between Adult Protection and Child protection needs to be understood by all staff in MHSOP and training for both put in place	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	December 2010	<p>Feb 2011 update Ward sisters/charge nurses are currently arranging sessions for all staff regarding Adult and Child Protection training.</p>

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Training					
Take steps to improve staff awareness and implementation of Child Protection of policies and procedures.	The link between Child protection and Adult Protection needs to be understood by all staff in MHSOP and training for both put in place	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update Level 2 training session dates by the Named Nurse for Vulnerable Adults have been circulated to staff. POCA training dates are available on the UHB training pages Ward Managers will address training needs in this and other respects in the PDP/Appraisal and Training Matrix processes
Review arrangements for the implementation of staff appraisal and personal development to ensure that all staff receive at least annual appraisal.	To have a robust arrangement for appraisals and PDP's to be undertaken in a timely and meaningful way for staff in MHSOP	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	November 2010	Feb 2011 update A new Staff PDP and Appraisal tool is being implemented along with e-KSF. Clear guidance for managers and plans for PDPs appraisals in each area

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OUTSTANDING ISSUES					
Female dormitory West 4 has 13 beds in close proximity to one another, allowing little personal space	For patients to have adequate personal bed space	Clinical Director Older People	Director of Primary, Community and Mental Health Services	2012	Feb 2011 update The refurbishment of West 4, the female dormitory was reduced by two beds to increase personal space.
A female patient with an infectious disease had not been isolated in a single room	For infectious outbreaks to be managed in line with UHB Policy	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	Work in progress	Feb 2011 update Staff have been counselled to manage patients with C Diff and other infections in single rooms where possible and following UHB Policy at all times
No dedicated smoking area for patients on Coed Y Felin, Coed Y Nant, West 1 or West 4 wards	For patients to have access to smoking facilities	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update Coed Y Nant patients can access a smoking room on the adjacent ward on Cefn Onn Coed Y Felin ward , costs for partitioning a smoking area in the main lounge area is being sought West 1 , patients now access the Veranda sitting room to smoke West 4 , a smoking shelter is currently under consideration Ward managers have taken action in all areas to ensure adequate cleaning

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OUTSTANDING ISSUES					
Two patients on Coed Y Nant wards were inappropriately placed; there are some considerably longer stay patients present on both Coed Y Nant and Coed Y Felin wards	To ensure patients are cared for in the right place, at the right time to meet their assessed needs	Clinical Director Older People	Director of Primary, Community and Mental Health Services	Work in progress	Feb 2011 update Coed Y Nant and Coed Y Felin wards are extended psychiatric assessment facilities not acute wards. Patients assessed as needing continuing health care with frequent access to Old Age Psychiatrist and Registered Mental Nurse/MDT review and support. Patients are subject to 6 monthly reviews to determine whether admission criteria for these advanced dementia/challenging behaviour units are met. If patients' conditions change alternative move on accommodation is sought, in co-operation with their family.
The Admission Assessment Booklet piloted on Whitchurch Hospital wards needs to be considered for implementation across the service	For admission assessment documentation to be collated into an easily accessible format	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update The Admission Booklet has now been rolled out to all acute assessment wards. Extended assessment wards and Day hospitals are now considering a revised pro-forma according to their own areas needs

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OUTSTANDING ISSUES					
Enhanced CRB checks in place for all new starters and if moving to another post. WAG guidance is for CRB checks to be renewed every three years	For staff to be subject to enhanced CRB and ISA checks in line with WAG guidance	Lead Nurse Older People	Director of Primary, Community and Mental Health Services	November 2010	Feb 2011 update COMPLETED UHB approach in place
Cefn Onn, being a mixed sex ward, did not have notices designating a male toilet and bathroom	For patient toilet and bathroom areas to be clearly signposted	Lead Nurse Adult Mental Health	Director of Primary, Community and Mental Health Services	December 2010	Feb 2011 update Signposting being reviewed in line with WAG single sex guidance