

UNANNOUNCED DIGNITY AND ESSENTIAL CARE INSPECTION: 24/25 JUNE 2012, BRONGLAIS GENERAL HOSPITAL,

Health Board (HB) Action Plan to Address Recommendations – November 2012

Area for Improvement	Current Status HB-Wide	HDHB Action to be taken	Responsible Lead to take action	Completion date
<u>Ward Environment</u>				
3.2 The HB should ensure that systems are in place to maintain an acceptable level of cleanliness on wards	A review of the Health Board's compliance position against the National Standards of Cleaning in NHS Wales has recently been completed utilising the All-Wales Monitoring Tool (C4C).	Proposals to strengthen the consistency of the supervisory structures and function within Hotel Services across the Health Board forms part of an organisational structure change process proposal just commencing within the Health Board.	Strategic Lead for Hotel Services	June 30th 2013 and ongoing
	This has identified compliance gaps allied to supervisory hours and actual cleaning input hours in some areas of the Health Board, as well as inconsistent compliance with the auditing frequencies specified in the standards	The shortfall in cleaning input hours is also currently being assessed using the C4C system, with achieving the required standards for all very high and high risk areas being prioritised in the first instance.	Strategic Lead for Hotel Services/County Heads of Nursing	April 30 th 2013
	There are several routine audits in place in order to provide an assurance that the HB provides an acceptable level of cleanliness both in relation to the environment and equipment. These are conducted by Ward Sisters, Hotel Services Supervisors and Infection Prevention and Control (IP and C) Teams. These include Credits for Cleaning, the Infection Prevention Society (IPS) Audit tool and the NHS Wales Care Metrics Module equipment cleaning indicator recently introduced	It is anticipated that a phased approach of investment will follow to address the shortfall of hours identified in the priority areas.		
	Specifically in relation to the cleanliness issues found during the review, the ward concerned was immediately cleaned and a	A review of the clinical environment and equipment cleanliness auditing systems	Strategic Lead for Hotel Services/Senior Nurse for IP and C	March 31 st 2013 and ongoing to embed revised

	change of personnel within the Hotel Services team has been made	is taking place to ensure a robust system with no duplication. This will involve Hotel Services, Nursing teams Infection Prevention and Control teams and Estates The HB is responding to the WG requirement to ensure that all hotel services staff who undertake cleaning are trained to the level of the Cleaning Proficiency Skills Suite requirements. A Task and Finish group has been established and will be developing a HB wide plan to ensure consistent achievement of the standard within the next four months	Strategic Lead for Hotel Services/Head of Learning and Development	system March 31st 2013 and ongoing
3.3 The HB should review the ward environment on Ceredig to ensure that the issues highlighted in this report are addressed	Regular walk rounds by Senior Nurses are being undertaken to ensure that the standards of cleanliness and environmental maintenance are being maintained	Following the HIW review, the damaged flooring on Ceredig Ward has been replaced; the missing handrail has been ordered and installation will be prioritised; and the door handles have been cleaned	County Head of Nursing (Ceredigion)	Ongoing
3.4 The HB should review storage arrangements on wards to ensure that ward supplies/ equipments and	The Transforming Care programme - which over half the wards across the HB have begun to participate in has an element which requires teams to review their ward environment and consider ways to better organise it:(Well Organised Ward WOW	Plans to strengthen and improve the implementation and monitoring of the WOW aspect of the Transforming Care programme will be put in place, informed by the	Assistant Director of Nursing (Practice)/County Heads of Nursing	January 31 st 2013 and implementation ongoing

patients belongings are stored appropriately	workstream). The progress made by wards who have participated in this programme is currently being reviewed and the success of the WOW workstream will be fully assessed as part of this review.	current programme review, due to report in December 2012 Specifically to Bronglais General Hospital, a review of Supplies management processes has been agreed as a joint piece of work between the HB and NHS Wales Shared Services Partnership	Acute Services General Manager, BGH/ Head of Contracting NWSSP	June 30 th 2013
3.5 The HB should undertake an assessment of the toilet facilities on Iorwerth Ward in partnership with Estates and services users.	An option appraisal paper is being developed based on the work carried. This will be considered through the County Management Team imminently	Following the HIW Review a joint assessment of the environment has been undertaken by nursing and estates staff. Several options to improve the number of toilets on the ward have been explored but options are very limited due to ward footprint: as an interim, improved signage is being used to improve designation of male/female toilet facilities	Acute Services General Manager (Bronglais General Hospital)	June 30 th 2013 (to complete any upgrade work)
3.6 The HB should review the fire exit on Iorwerth ward in terms of both health and safety requirements and risks to patients who may wander due to confusion	All staff on the ward have been issued with a letter specifically outlining their individual responsibilities in respect of fire safety, both in terms of complying with the systems in place and also with reporting immediately should they find any breaches in the system. The situation will be monitored regularly by the Fire Officer for the site	The HB's Fire Officers have reviewed the staircase in question and confirmed that the restricted access mechanism in place is fully compliant with fire safety requirements should evacuation for emergency reasons be required	Acute Services General Manager (Bronglais General Hospital)	July 31 st 2012 and ongoing

Staff attitude, behaviour and ability to carry out dignified care

3.7 The HB should ensure that staff undertake dignified care training	Dignity is a core value of safeguarding vulnerable adults and is highlighted as such along with the core values of independence, respect, equality, privacy and choice in the Health Board's programme of 'POVA Essential Awareness' training which is mandatory training for all staff. It is emphasised during training that where a breach in dignity or respect causes harm to a vulnerable adult in accordance with the Wales Adult Protection Policy and Procedures, a POVA referral should be made and this is incorporated into the POVA Essential Awareness training: All concerns received into the Health Board are screened by the Senior Nurse POVA to identify indicators of harm / abuse which may meet the threshold for adult protection. A Dignified Care? e-learning programme is available within the Health Board training programme	The programmes provided through the in house Learning and Development programme will be reviewed to ensure that every opportunity to reinforce the importance and values that underpin dignified care are embedded within every relevant training programme provided across the HB A target % for staff completion of the Dignified Care ? e-learning programme (or equivalent) will be agreed through Quality and Safety Committee when this plan formally approved . Monitoring of uptake of the Dignity e-learning programme will be undertaken through provision of reports of staff attendance/completion to ward and service/hospital management teams and inclusion in the (nursing) Performance Framework being rolled out across all ward areas The inclusion of a monitoring system for attendance at this	Director of Nursing and Midwifery /Head of Staff Learning and Development / Assistant Director of Nursing (Practice)	April 30th 2013
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		and other pertinent training to underpin dignified care, as a local indicator on the Care Metrics Module system will be explored		
3.8 The HB should ensure that staff are reminded that every face to face encounter with patients must be respectful, especially when referring to patients names and titles.	This requirement already forms part of programmes such as Skills to Care (Health Care Support Worker initial training); Preceptorship programme (for newly Registered Nurses); and Hotel Services Induction programmes	A letter will be issued to every member of the nursing and hotel services staff across the Health Board by the Director of Nursing and Midwifery that emphasises this and other important aspects of dignified care raised during this review This letter will be adapted periodically and be issued to all new nursing and hotel services employees This recommendation will be explicitly covered within the 'Customer Care' training programme currently being developed for all 'front of house' staff (clinical and non-clinical) The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced within the letter	Director of Nursing and Midwifery Head of Recruitment Head of Learning and Development County Heads of Nursing and HB-wide Directorate Heads of Nursing	December 31st 2012 December 31st 2012 and ongoing March 31st 2013 and ongoing January 31st 2013 and ongoing

		on a systematic as well as an ad hoc basis		
3.9 The HB should ensure that all staff are aware of the importance of discretion when discussing sensitive information	There is a programme of awareness raising and training targeting key staff groups which is in place within the HB in relation to Information Governance, of which this issue forms a part. This training programme is approved and monitored at the HB's Information Governance Sub Committee	A letter will be issued to every member of the nursing and hotel services staff across the Health Board by the Director of Nursing and Midwifery that emphasises this and other important aspects of dignified care. This letter will be agenda'd for discussion at all nursing team meetings in the 2 months after it is issued The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced on a systematic as well as an ad hoc basis	Director of Nursing and Midwifery / County Heads of Nursing/HB-wide Directorate Heads of Nursing County Heads of Nursing and HB-wide Directorate Heads of Nursing	January 31st 2013 January 31st 2013 and ongoing
3.10 The HB should ensure that all staff are aware of the importance of encouraging and supporting patients who are able to mobilise out of their beds	The HB has a comprehensive training programme in place in relation to Moving and Handling, both as a stand alone programme and also at induction and refresher training where this issue is addressed	The importance of promoting independence is a key 'dignified care' message. This will be reinforced through the Director of Nursing and Midwifery letter referred to in 3.8 above and also raised through all professional meetings/forums over next 2 months	Director of Nursing and Midwifery / County Heads of Nursing/HB-wide Directorate Heads of Nursing	January 31 st 2013

		The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced on a systematic as well as an ad hoc basis	County Heads of Nursing and HB-wide Directorate Heads of Nursing	January 31 st 2013 and ongoing
3.11 The HB should ensure that all staff on the wards are wearing identification badges as a means of identifying themselves to patients whilst on duty	A spot check has revealed that not all ward based clinical and hotel services staff across the HB have been issued with a standardised name badge in addition to their Security/Identity badge (which all staff do have) However, the wording on the Security/Identity badge is too small for all patients to read and thus to use to readily identify who they are speaking to. It is acknowledged that all staff who have patient contact must be wearing a name and designation badge that is readily readable by patients	A detailed audit of all ward based staff (clinical and hotel services) will take place in December 2012 across the Health Board to identify those currently without standardised name badges (in addition to their security/identity card). All those without the HB standard issue name badge will have badges ordered for them. The wearing of name badges will be audited within three months of the receipt of the badges and this will be monitored periodically in line with the requirements of the All Wales Dress Code as well as the recently reviewed, HB Uniform policy	Corporate Directorate Executives/Managers County Heads of Nursing; General Managers;	March 31 st 2013 and ongoing for audit
3.12 The HB should ensure that all staff are aware of the importance of washing their hands whilst moving from patients	Hand hygiene audits using the WHO audit tool are conducted on every ward across the HB on a monthly basis. The results of these audits are analysed by staff groups and by category of hand hygiene opportunity to enable careful analysis and targeting of any	IP and C training programmes, including e-learning programmes, are currently being reviewed to ensure that new ways of delivering messages	Senior Nurse for IP and C	March 31st 2013

to patient on wards	remedial action required. The audits are routinely undertaken by ward staff and this system is validated at least once a year by the IP and C team members working alongside the ward teams. There is evidence of improvements being achieved through feedback of audit findings at individual ward level.	emphasising the importance of hand hygiene are embedded. The availability of trend/performance reports at ward and at service level in order to readily communicate the performance of staff in respect of hand hygiene are currently being developed as part of the roll out of the All Wales Care Metrics Module.	Assistant Director of Nursing (Practice)	April 30 th 2013
3.13 The HB should ensure that Senior Nurse Leadership is visible within wards	It is recognised that the Senior Nurse roles within the HB can be diverted from their focus on ensuring standards of care due to the pressures of having to respond to immediate operational pressures. Work undertaken in recent months is aiming to redress the balance in the focus of the work of the Senior Nursing staff. In advance of the availability of the All Wales Senior Nurse Uniforms, a similar product has been purchased for Senior Nurses who had not been routinely wearing uniform to address this without delay	Senior Nurse Managers will be required to wear the All Wales Senior Nurse uniform to enhance their identification as lead/Senior Nurses whenever they are working in clinical areas/with patients/families A review and refocus of the Senior Nurse roles within the organisational structures of the HB will take place in consultation with team colleagues	County Heads of Nursing/Directorate Heads of Nursing Director of Nursing and Midwifery	Dec 31 st 2012 April 30 th 2013
3.14 The HB should ensure that Ward Sisters allocate periods throughout the day to spend on the ward with staff to guide them and address any queries	The HB is currently reviewing the time built into the ward staffing establishments to enable Ward Sisters to undertake their supervisory responsibilities	The ward establishment review exercise will be completed and the actions agreed will be implemented, establishing clear time allocations for supervisory duties for Ward Sisters. The Director of Nursing and	Assistant Director of Nursing (Modernisation/Workforce); County Heads of Nursing; and Director of Nursing and Midwifery	April 30 th 2013

		Midwifery will lead the Sisters in establishing the role priorities in tandem with completing the establishment setting exercise.		
Management of patients with confusion or dementia				
3.15 The HB should ensure that staff are provided with the opportunity to develop their knowledge around patients with confusion/dementia	There are three, county based groups working to improve the care of patients with dementia in hospitals across the HB. These groups are the operational arms of the HB's Dementia Development Group which has been developing a tiered approach to a HB Dementia Care training programme which targets the needs of all staff across the HB. The improvement work in each county is supported by a designated Dementia Care Coordinator. Initiatives such as the Butterfly Scheme are in the process of being rolled out across all three counties	The Dementia Development group will review the progress made to date with the training opportunities currently available to all clinical staff and be asked to consider ways in which this can be further enhanced	Dementia Development Group Chair (Senior Nurse for Practice Development (MH/LD Services)	March 31 st 2013
3.16 The HB should ensure that large signs are available on patient facilities to assist patients in locating them	Use of the 'Enhancing the Healing Environment' (Kings Fund) audit tool has begun in two counties and is recognised within the HB as containing some key standards that need to be reflected within refurbishment /new build etc work..	All clinical areas will be required to utilise the 'Enhancing the Healing Environment' Audit tool prepared by the Kings Fund and to make any small, locally possible changes that the audit identifies. The County base Patient Environment groups as well as the recently established HB wide Patient Environment group (a sub-group of the Infection Prevention and Control Committee) have the environmental needs of	County Heads of Nursing/Assistant Director of Nursing (Practice)	March 31 st 2013 and ongoing

		patients with dementia as a key objective and will monitor compliance with use of audit tool and improvements achieved as a result of its use.		
Care Planning and Provision				
3.17 The HB should ensure that all patient assessments are routinely fully completed and documented	The current nursing documentation used within the HB does provide a nursing assessment which is completed by RN's following patients admission. However it is acknowledged that this is not standardised across the HB The HB has been leading on an All Wales piece of work to develop a core data set which is required for any set of nursing documentation Analysis of the Health Boards nursing documentation has been undertaken against the All Wales core data set (AWCDS) and work is current under way to revise the nursing documentation used to ensure it reflects the core data set requirements Within the HB a Nursing Documentation Group has been established as a Sub group of the Health Records Committee with responsibility for taking forward the Nursing Documentation review work Provisional flagging has been made with our procurement team on the options for changeover to a new nursing documentation system which will be standardised across the HB	Monthly audits of the standard of nursing documentation are being undertaken and are reported to the Senior Nursing and Midwifery team on a three monthly basis as well as being reviewed at ward and service level on an ongoing basis The HB is currently utilising the AWCDS work to inform and revise its nursing documentation to ensure compliance and will be developing a new nursing documentation set in line with the AW data set. This will require a planned rollout to ensure that no risks are incurred during the introduction of the revised system	County Heads of Nursing/HB wide Directorate Heads of Nursing Assistant Director of Nursing (Practice)	Ongoing on a monthly basis April 2013 for Phase 1 and then ongoing during 2013
3.18 The HB should ensure that all patients have a care	All RN are expected to, and accountable for providing care plans for the patients under their sphere of care. The current nursing	The requirement that every RN ensures an individualised care plan is in	Director of Nursing and Midwifery/County Heads of Nursing/HB wide	Monthly Audits on-going

plan which is adapted to specific patients needs and that these care plans are regularly reviewed and updated	documentation does provide RN's with this option albeit it is recognised that there are improvements that can be made during the current nursing documentation review process that will better support RN's to fulfil this core requirement of their role ..	place for each patient will be reinforced in the letter being sent to every RN from the Director of Nursing and Midwifery. This will be reinforced verbally as the issue will feature on every professional forum agenda during December/January 2012/13. Feedback from these Forum discussions will be fed in/assist in the care plan template/system review During the monthly nursing record audits, completion of patient care plans that have been individualised to reflect the patient specific needs will be reviewed and reported on for completion and compliance. Monitoring of the audit findings, and this aspect specifically, will be undertaken through Senior Nursing and Midwifery Team meetings quarterly A programme of one day workshops that Swansea University have been commissioned and piloted to provide to the HB nursing staff, addressing the professional accountability and responsibilities associated with record	Directorate Heads of Nursing Assistant Director of Nursing (Workforce)	January 2013
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		keeping. These workshops will continue with monthly dates arranged for 2013 More detailed training in aspects of individualised care planning will be provided if specific needs identified during audit processes The work programme to urgently review the nursing record frameworks in use across the HDHB will ensure that individualisation of care plan features as a key principle that the framework agreed must facilitate readily in practice	Assistant Director of Nursing (Workforce) Assistant Director of Nursing (Practice)	As required in response to Audit findings December 2012 and ongoing
3.19 The HB should ensure that clear nursing documentation systems are in place on wards to enable ready access to assessment, care planning and evaluation aspects of records	All clinical areas do have nursing documentation systems in place that encompass assessment, care planning and evaluation aspects of the record. However, it is acknowledged that the systems in place are not consistent across the HB and that with the addition of new documentation such as All Wales Care Bundles recently, the current systems are not able to easily adapt to these developments without appearing fragmented and piecemeal. This has been recognised and the review work described in 3.17/3.18 above reflects the work already underway to address these issues In the interim, the HB's Nursing and	The actions described above will enable this recommendation to be met and in the interim, a check via the monthly audit system is being made to ensure that patients do have all elements of their documentation in place.	County Heads of Nursing/HB wide Directorate Heads of Nursing Assistant Director of Nursing (workforce)	Ongoing

	Midwifery Record Keeping policy requires that documentation audits are completed monthly and are reported on via the County Heads of Nursing to the SNMT and the Health Records committee.			
3.20 The HB should ensure that all staff are aware of the importance of immediately escalating patients who require further attention	The rapid response to acute illness (RRAILS) care bundles developed as part of the NHS Wales 1000 Lives plus campaign have been rolled out to all acute ward areas and are being monitored for compliance in these wards across the HB at present. Performance is variable but further actions to improve compliance, including response and escalation when patients' condition requires it, are being targeted based on compliance data	Continue with current systematic plans in pace across HB to finalise monitoring chart review; train/refresh all staff in care bundles associated with RRAILS; and monitor, feedback and take actions based on compliance with bundles, including response and escalation interventions.	Assistant Director of Nursing (Practice) ; Simulation and Resuscitation Services Manager	Ongoing
3.21 The HB should ensure that all patients on insulin have an assessment for referral to a dietician which is documented	The HB is currently working to a significant action plan to improve the care of in-patients who have Diabetes across the HB as a result of a critical Ombudsman report in 2012	The HB will enrol onto the national ThinkGlucose campaign in early 2013. This will involve significant awareness raising and focussed educational programmes for staff across the HB,. Other work underway includes a systematic review of/actions to achieve compliance against the National Service Framework, the National Diabetes Audit and NPSA alerts relating to the care of patients with Diabetes	HB Diabetes Network Chair /Assistant Director of Nursing (Practice)	January 31 st 2013 and ongoing
<u>Fluid and Nutrition</u>				
3.22 The HB should ensure that a registered nurse on each shift oversees	The mealtime co-ordinator role is currently utilised in all wards in one county In this county, there is a defined mealtime co-ordinator role and checklist. This system	The Nutrition Groups in the remaining two counties will develop timetabled plans to introduce the Mealtime	County Nutrition Groups, reporting to HB Nutrition Steering group	April 30 th 2013

the meal times and/or has accountability for the way meal times are carried out	has been shared with colleagues across the Hb and is actively being discussed for adoption at the County Nutrition groups currently	Coordinator role and to review systems of work in ward areas to ensure that RN's are fully involved in overseeing mealtime and patients' nutritional intake Monitoring of compliance with this will be by spot check by Sisters and by Senior Nurses A specific communication regarding all aspects of nutritional care which this HIW review identifies could be improved (ie recommendations 3.22 to 3.32) will be prepared, along with feedback from the recent Welsh Audit Office Nutrition and Catering services review to highlight the areas of good practice recognised as well as the areas that require either systems or individual practice improvements to be made	County Heads of Nursing /HB wide Directorate Heads of Nursing Director of Nursing and Midwifery	April 30th 2013 across whole HB December 31st 2012
3.23 The HB should ensure that there are a variety of vegetarian options available for patients at meal times	The Health Board is working towards a unified menu which offers a variety of vegetarian options at meal times. This menu has been nutritionally analysed and has been fully implemented in two of the three counties. Work to implement this menu in the third county had been undertaken however, some of this work was then	As part of the training and awareness raising activities of the Nutrition Clinical Nurse Specialist (CNS) team, ward nursing staff will be reminded of the importance of identifying and documenting all individual	Nutrition CNS team	Ongoing

	superseded by the work being undertaken by the All-Wales Menu Framework which is due to be implemented in early 2013.	patients' dietary needs on admission and ensuring this information is available to the ward team and conveyed to catering teams via the choices that patients are supported to make via the daily menu choice sheets. Systems of care at ward level will be reviewed to ensure that patients are supported to make appropriate menu choices and that a registered nurse makes a check of the menus prior to them being returned to the catering team. The Menu Planning Sub Group will ensure that adequate vegetarian meals are available on the menu	County Heads of Nursing Menu planning Sub Group (reporting to the HB Nutrition Steering group)/	April 30th 2013 April 30th 2013
3.24 The HB should ensure that all patients are positioned appropriately prior to meal times on wards		All Ward teams will be reminded that careful positioning for each individual patient must be undertaken as part of the mealtime planning process. This will be led by the mealtime co-ordinator. Monitoring of compliance with this requirement will be by spot check by Sisters and Senior Nurses	County Heads of Nursing /HB wide Directorate Heads of Nursing	Ongoing
3.25 The HB should		As part of the mealtime	County Heads of Nursing	Ongoing

ensure that all patients are encouraged and supported to eat their meals out of their beds where possible		preparation process (mealtime co-ordination) the nursing team will be required to ensure that patients, who are able and wish to sit out of bed for their meals, are supported to do so. Where possible this should be an integral part of the patient's rehabilitation Monitoring of compliance with this requirement will be by spot check by Sisters and Senior Nurses	/HB wide Directorate Heads of Nursing	
3.26 The HB should ensure that appropriate members of staff collect patient trays following meal times to allow for assessment and recording of patient food intake	At the time of the review, the 'Red Tray' system that operated should have meant that a registered nurse checked the content of finished red meal trays before removal. However, it is recognised that the systems operating in relation to both the red tray and the standard trays would benefit from being reviewed. and then fully and consistently implemented.	The nursing teams and the hotel services teams in each county will review the processes in place for ensuring all meal trays (including red trays) are observed and where appropriate, food intake recorded for patients who are on food record charts, prior to any tray clearing by hotel service. The importance of using the All Wales Food Intake charts in line with the agreed standard for all meals, snacks and fluids taken will be reinforced through all training provided by Nutrition CNS team	County Heads of Nursing /HB wide Directorate Heads of Nursing	December 31 st 2012
3.27 The HB should ensure that all patients are provided	Beverage rounds are not yet in line with the frequency required within the Welsh Government standards but there has been	All nursing teams will be reminded of the importance of ensuring that water jugs	County Heads of Nursing /HB wide Directorate Heads of Nursing	Ongoing

with fluids which are within their reach and patients are routinely encouraged to drink by staff	incremental progress towards compliance in all counties since the publication of the standards document.	and/or glasses of water should be within arms reach for patients able to drink For those patients who are unable to access fluids themselves, drinks must be encouraged routinely throughout the day and at least 7 times a day (as formal beverage rounds). This can be adjusted to ensure the individual patient's fluids needs are met, for example patients who take very little fluids will need more frequent encouragement and support. The introduction of 'Intentional Rounding' as a core element of the organisation of care in every ward will be considered in professional forums and decisions taken regarding the appropriateness of introducing this working system into each ward. Where agreed as a useful vehicle to support care giving systems the approach will be introduced within three months.	Director of Nursing and Midwifery/Assistant Director of Nursing (Practice)/ County Heads of Nursing /HB wide Directorate Heads of Nursing	December 31 st 2012 and then April 2013 for implementation
3.28 The HB should ensure that jugs of water are routinely refreshed for patients	Frequency of water jug changes is not yet in line with the WG standards but there has been incremental progress towards compliance in all counties.	The Menu Planning Sub group is developing plans to achieve three times daily water jug changes in line	County Heads of Nursing /HB wide Directorate Heads of Nursing	April 30 th 2013

on the wards		with the Welsh Government Catering and Nutrition Standards.		
3.29 The HB should ensure that all staff are aware of the correct purpose of the re tray/jug initiative to assist patients to eat and drink	Red tray processes have been agreed and implemented HB wide as indicated above, with the exception of MH and Paediatrics where mealtime are managed differently. .	Following review of the red tray system (as indicated in 3.26 above) further promotion will be undertaken by the County Nutrition Groups and the Nutrition CNS team in their training programmes. Any changes made to the systems will also be included in the core training programmes provided to Health Care Support Workers and newly registered RN's on commencement in the HB	County Heads of Nursing /HB wide Directorate Heads of Nursing County Nutrition Groups/ Head of Learning and Development	Dec 31 st 2012 and ongoing
3.30 The HB should ensure that food and fluid charts are routinely completed	There has been considerable training focus undertaken to ensure that all staff are familiar with the All Wales food charts. The need to maintain a constant focus on this is however acknowledged	Dietetics / CNS Nutrition team will actively monitor compliance with food intake charts (for patients known to them) and will challenge poor practice and report to the Ward Sister if compliance is sub-optimal. Continued poor practice will be reported as clinical incidents. Sisters will continue to monitor compliance with chart completion as part of the Care Metrics Module indicator relating to nutrition screening	Dietetic staff / CNS Nutrition team All Ward Sisters	Ongoing Ongoing monthly

		All clinical staff will be reminded that they have a responsibility to challenge poorly completed food and fluid charts and this will also be reinforced through training provided by CNS Nutrition team	All staff	Ongoing
3.31 The HB should ensure that all staff are aware that patients should be mobilised with assistance to use the ward toilets where possible		A letter will be issued to every member of the nursing staff across the Health Board by the Director of Nursing and Midwifery that emphasises this and other important aspects of dignified care. This letter will be agenda'd for discussion at all nursing team meetings in the 2 months after it is issued The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced on a systematic as well as an ad hoc basis	Director of Nursing and Midwifery / County Heads of Nursing/HB-wide Directorate Heads of Nursing	January 31 st 2013 and ongoing
3.32 The HB should ensure that all patients receive a nutritional assessment which is fully	The Nutrition Screening Tool (NST) is embedded in practice in all inpatient areas across the HB (except Mental Health where MUST is the tool being actively implemented; and paediatrics where	The nutritional screening tool (NST) must be fully completed for all patients within 24hrs of admission to the ward and at routine		

completed and updated	validated tools are being piloted) Compliance is known to be suboptimal in some areas through 'random' audit which is fed back to the ward area for action. More recently the All Wales Care Metrics Module has supported the monitoring of NST completion although it is recognised that those monitoring may not be ensuring full completion i.e. not all patients are weighed which reduces the reliability of the NST	intervals thereafter in line with the guidance on the tool: This will be monitored through the Care Metrics Module although the requirements for full compliance to be noted will be reinforced again with Ward Sisters who undertake the audit Additional training will be delivered as required by the CNS Nutrition / head of Dietetics to meet learning needs as identified by the ward sister through the routine Care Metrics Module audit system	County Heads of Nursing/Assistant Director of Nursing (Practice) CNS / Head of Dietetics to support delivery of identified training needs	Monthly As required
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Pressure Sores

3.33 The HB should ensure that staff are aware of the POVA referral process and criteria for referral in the context of pressure sore grading	There is currently no consistent multi agency guidance in Wales in terms of identifying pressure ulcers to refer to POVA, although the In Safe Hands review identified that all Grade 3 and 4 should be referred. The Health Board is actively leading the development of an All Wales Pressure Damage prevention reporting guide which is in developmental stage. This is a collaboration between tissue viability nurses and adult safeguarding leads across Wales to agree a consistent approach to identifying which pressure ulcers should be referred in adult protection procedures. The Health Board has established a process	The training already available against the current internal system will be continued. When the All Wales Pressure Damage Prevention Reporting Guidance document is finalised and approved, this will be implemented, led by the Tissue Viability and POVA Senior Nurses.	Tissue Viability Lead Nurse/ Senior Nurse	April 30 th 2013 (anticipated)
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	in DATIX for identifying patients which meet the In Safe Hands definition of a vulnerable adult and where they develop or are admitted to hospital with pressure sores, the Senior Nurse POVA , and tissue viability team assists with screening them for referral. In POVA Essential Awareness training, and pressure damage prevention training, pressure ulcers are highlighted as potential neglect and the need to refer to POVA is made clear.			
3.34 The HB should ensure that all safety crosses are fully completed and regularly updated by staff	All clinical areas in acute and community hospitals excluding mental health, obstetrics, gynaecology and paediatrics that complete safety cross's are audited each month. Results are disseminated to senior nurses for action	The HB will establish a robust scrutiny/assurance mechanism for reviewing and improving performance in relation to all aspects of practice and compliance with systems to prevent /manage Pressure Damage	Assistant Director of Nursing (Practice)/County Heads of Nursing/HB Wide Directorate Heads of Nursing/Tissue Viability Team	January 31st 2013 and ongoing
3.35 The HB should ensure that patient Pressure Sore Prevention Scores (PSPs) are fully completed and regularly updated by staff	Five patients in all clinical areas in acute and community hospitals (excluding mental health, obstetrics, gynaecology and paediatrics) are audited each month. Results disseminated to senior nurses for action	As above 3.34	Assistant Director of Nursing (Practice)/County Heads of Nursing/HB Wide Directorate Heads of Nursing/Tissue Viability Team	January 31 st 2013 and ongoing
<u>Personal Care and Hygiene</u>				
3.36 The HB should ensure that all patients are encouraged to wash their hands prior to meal times on the ward	Every meal tray in all in-patient areas across the HB has a single use disposable hand wipe placed on it to facilitate hand hygiene ahead of meal times The use of the hand wipes is emphasised in Infection Control training and also in Nutrition training programmes	Posters to reinforce the use of the hand wipes have been produced and will be distributed by the Infection Prevention and Control (IP and C) team across the HB in the next few weeks	IP and C team	Dec 31 st 2012

		Audit of the use of the hand wipes will be developed and implemented by the IP and C team prior to this being transferred to ward teams	IP and C team	March 31 st 2013
3.37 The HB should ensure that, where possible, all patients are dressed in their own clothing	Wherever possible patients are already encouraged to wear their own clothes and advise is given to patients and their families in relation to laundry arrangements	The importance of promoting patient independence at every opportunity will be reinforced within the letter being sent out by the Director of Nursing and Midwifery to all nursing teams across the Health Board This letter will be agenda'd for discussion at all nursing team meetings in the 2 months after it is issued The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced on a systematic as well as an ad hoc basis	Director of Nursing and Midwifery / County Heads of Nursing/HB-wide Directorate Heads of Nursing	January 31 st 2013 and ongoing
3.38The HB should review oral care standards, in particular for oral assessments and documentation	The Health Board is currently participating in the 1000 Lives Plus Mouth Care in Hospital Mini-Collaborative. The HB has established a multi-disciplinary steering group with identified leads for each county. This team have participated in the 2 national learning sessions held to date.	The HB will continue to pursue the pilot work currently underway in relation to the All Wales Oral Care assessment and care Once complete, the HB will continue to follow the Quality	Assistant Director of Nursing (Practice)/ County Heads of Nursing/HB Wide Directorate Heads of Nursing	Ongoing

	The All Wales Oral Care Assessment and care plans are being piloted on 1 ward in each county (3 in total) since September 2012. The HB collated initial feedback from each pilot site from staff and have also used the 2012 Fundamentals of Care audit to gain both an operational and user experience Data collection to demonstrate compliance in relation to assessment and care given is currently being introduced to the pilot areas The pilot wards have worked with the HB oral hygiene team who are providing education and training on oral care and provided ward based resources. This training is also being taken into other areas in addition to the pilot sites. The HB steering group is involving the Learning and Development team who deliver the Health Care support worker initial training programme ('Skills to Care') The HB has responded to the 1000 Lives + resource recommendations in relation to oral care equipment and pharmaceuticals. The 2 recommended toothbrushes are available to order and clinical areas informed of the order codes. In addition 1 ward is piloting a silk toothbrush and is evaluating this for feedback to 1000+ Lives mini-collaborative lead. Future steps; following initial pilot stage plan to disseminate to other clinical areas. The All Wales steering group is also leading on specific work in relation to oral care in areas such as critical care and palliative	Improvement methodology and plan rollout to other areas in a systematic and planned manner		
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	care which the HB will participate actively in.			
<u>Toilet Needs</u>				
3.39 The HB should ensure that any patient assessed as having continence issues receives a more detailed assessment and an appropriate care plan is put in place	The Health Board has been part of an All Wales work stream to address issues identified through the Older People's Commissioner Dignified Care? report in relation to continence. The All Wales Continence Care Bundle has been developed and is in the final stages of production. The work contains an acute hospital trigger checklist and flow chart to identify patients with potential problems; acute episode of care assessment documentation; standard response times; an audit tool; and a DVD for training purposes.	The HB will establish a Task and Finish Group to take forward the work produced at an All Wales level to enable early identification, assessment and management for patients with continence issues	Continence Specialist Nursing Team/ Assistant Director of Nursing (Practice)/County Heads of Nursing	June 30 th 2013 (To be confirmed pending launch of All Wales 'toolkit')
<u>Buzzers</u>				
3.40 The HB should ensure that all patient buzzers remain within the patients reach		The importance of ensuring that this small but vital aspect of care is undertaken for all patients will be emphasised in the letter being sent out to all nursing staff from the Director of Nursing and Midwifery reinforced. The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced on a systematic as well as an ad hoc basis	Director of Nursing and Midwifery	Dec 31 st 2012

Communication

3.41 The HB should ensure that communication aids are available on wards to assist patients with sensory impairments.	Loop systems for the hard of hearing are available in most areas across the HB although this Review has highlighted not all. Specific mechanisms for hard of hearing are used as part of complaints management system Language Line is currently available across the HB although a piece of work to review its use and ensure all needs can be met through it is underway and due to complete March 2013 The HB's e-roster system (currently in use for nursing staff only) has been adapted to enable welsh language speakers to be identified and to ensure that the system requires that a welsh speaker is rostered on all shifts	A review of the availability of loop systems, and staff who understand how they are to be used, will be undertaken in all patient areas across the HB and any deficits rectified. At the same time the availability of staff competent in British Sign Language will be assessed to ensure best use made of resource available across the HB A review of current facilities/development of a signposting resource to facilitate access to a range of mechanisms to support patients/people with visual impairment will commence following completion of the Interpretation Service review (below). This work will aim to draw on expertise of colleagues in Local Authority partners' Visual Impairment Services. A review of the interpretation services available and any recommendations for change to improve the availability across the HB will be finalised by March 2013	Assistant Director of Corporate Services Assistant Director of Corporate Services Assistant Director of Corporate Services	April 30th 2013 August 31st 2013 April 30th 2013

Medicine and Pain Management

3.42 The HB should ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put in place which is regularly reviewed and evaluated.	A failure to manage pain is recognised as an indicator of neglect / abuse and is incorporated into POVA Essential Awareness Training. The current review of the HB NEWS charts, with the aim of moving towards a single standardised chart in use across the HB includes work with the Acute Pain teams across the HB which is aimed at ensuring that pain assessment is accurately and consistently assessed and reviewed.	Continue to pursue the work already underway as part of the standardisation of the NEWS Charts to ensure that pain assessment is consistently undertaken and documented across the HB . Once charts agreed focus will be on developing a standardised core care plans and teaching required to embed these changes into practice	Assistant Director of Nursing (Practice)/ Simulation and Resuscitation Services Manager/Acute Pain Team	April 30th 2013 and ongoing
3.43 The HB should ensure that staff carrying out ward rounds wear red tabards to inform others that they are not to be disturbed and that all staff are aware that they are not to be disturbed during the medicine round	The Senior Nursing and Midwifery team will be provided with a detailed options paper that takes account of internal HB experience in the use of the tabards and also the recent national press criticism of the tabards' use, to enable them to make a decision and to take appropriate action in relation to the use of red tabards as a standardised system across all areas of the HB	The Senior Nursing and Midwifery team will be provided with a detailed options paper that takes account of internal HB experience in the use of the tabards and also takes account of the recent national press criticism of the tabards' use, to enable them to make a decision and to take appropriate action in relation to the use of red tabards as a standardised approach across all areas of the HB	Asst Director of Nursing (Practice)	January 31 st 2013
3.44 The HB should ensure that methods are in place to ensure that patients take their medication when it is	It is acknowledged that this practice should not take place in order to ensure patient compliance with their prescribed medication regimes.	The importance of ensuring that this practice is avoided will be reinforced in the letter being sent to all staff from the Director of Nursing and	Director of Nursing and Midwifery	Dec 31 st 2012

administered and therefore not left unattended on patient bedside cabinets.		Midwifery The issues being reinforced in the Director of Nursing and Midwifery letter to staff will be supplemented by a requirement that Ward Sisters and Senior Nurses monitor the compliance with the standards of care reinforced on a systematic as well as an ad hoc basis		
3.45 The HB should ensure that measures are put in place to mitigate the risk of patients and unauthorised personnel having access to medication or medication equipment	It is acknowledged that medication safety is a fundamental responsibility of the HB	All Ward Sisters will be asked to review storage and access systems associated with medications and to take immediate remedial actions, with advice from Medicines Management colleagues, should any deficiencies be identified.	County Heads of Nursing /HB wide Directorate Heads of Nursing	December 31 st 2012
<u>Activities</u>				
3.46 The HB should consider ways to provide patients with activities and stimulation throughout their hospital stay	Ward Sisters across the HB will be asked to review this aspect of their care systems and to work with the Head of Volunteering Services to enhance this aspect of the Volunteer Befriending role, if appropriate to the ward environment.	The HB's Volunteer scheme has introduced Ward Befriender roles into many wards. These roles, where they are in place, support patients in therapeutic and diversional activities.	Head of Volunteering Services/ County Heads of Nursing /HB wide Directorate Heads of Nursing	April 30th 2013