



Assurance Plan Llanarth Court Hospital – Partnerships in Care

Assurance Plan Following HIW Visit to Llanarth Court Hospital on the 9, 10,11 and 12 July 2013- updated on the 1.11.2013

Ref	Issue	Comments	Action	Progress/ Assurance	Evidence	Lead	Time Line	Outcome	Monitoring Progress	RAG Action
1 1 a)	There were numerous issues relating to staffing which included: Insufficient staffing on Howell. During our visit there were 6 staff caring for 14 patients who were on a range of enhanced observations.	The visit took place at night, on Howell ward when at the time there were 3 staff on the ward including the night coordinator and 3 staff on enhanced observations. There were 14 patients on the ward. Llanarth has taken on board the HIW	An immediate review of staffing levels to be carried out	Immediately after the visit we increased our staffing levels at night on the larger medium secure wards, and on the low secure wards. Howell – since the visit has had 4 staff on nights . Howell will be on 5 on nights from 1.11.13. Since the visit, the Night Coordinator has not been included in ward	Analysis of staffing levels recorded on the daily handover sheets An audit of nursing shifts has been completed since the changes have been made which confirm that the increased staffing numbers are in situ. Duty rosters and the Enhanced observations	Regional Director of Nursing	Immediate Continuing recruitment to Bank and remaining vacancies as soon as possible	There has been an increase in staffing on shifts due to the actions taken to date.	The nursing administrator now emails all the SMT members to inform them of staffing levels for the forthcoming night and day. Recruitment progress is subject to weekly review by the Director of Nursing. Use of agency is	



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		concerns and have addressed these concerns. The safety of our patients and the welfare of our staff are our uppermost concerns. The staffing levels have been increased as agreed with HIW during the visit in July.		<p>staffing numbers at night and has remained supernumerary.</p> <p>We have recruited one HCW into the position of Night Care Support Worker who started the position on 09.10.13.</p> <p>We have re-advertised for a second Night Health Care Worker. This will allow for each Night Coordinator to have a HCW as support.</p> <p>Since 12.07.13 we have offered 21 Bank HCW positions – 14 of which have now started.</p> <p>We have offered 2 Bank Staff Nurse positions – both</p>	<p>sheets confirm this</p> <p>Staffing rosters confirm the increased levels of nursing on the ward</p>				<p>being carefully monitored</p> <p>Now SMT check staffing numbers every morning handover.</p>	



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				<p>have now started on the Bank.</p> <p>We continue to interview for additional Bank staff.</p> <p>Since 12.07.13 we have offered 9 permanent HCW positions – 7 of which have now started and the other 1 scheduled to start on 04.11.13.</p> <p>Since 12.07.13 we have started 4 Staff Nurses, we are currently employing another 2 newly qualified Staff Nurses who are working as HCW's until they receive their Pins. We have another 2 Staff Nurses starting on 04.11.13 and 1 part time Staff Nurse post on offer</p>						



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				<p>awaiting a start date. We currently have 2 full time Staff Nurse vacancies and 3 part time vacancies.</p> <p>We currently have 4 full time HCW vacancies – one of which is the Night HCW position.</p> <p>We will continue to advertise and recruit into vacant positions</p> <p>We have maintained these new staffing numbers through overtime, bank and agency whilst recruiting new regular and bank nurses.</p> <p>From the 1.11.2013 there are now two night health care workers to assist</p>						



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				the night co-ordinators As from 1.11.2013 on Howell, Iddon and Awen there are 7staff by day and 5 by night and on Teilo and Treowen 7 byday						
	1:1 was included in the core staffing numbers	HIW expressed concerns about other patients not on observations being managed with five staff	Review protocol related to staffing of enhanced observations	We have reviewed our protocol / policy of enhanced observations Since 12/07/2013 we have not included the 1:1 in the nursing numbers, additional staff have been brought in to cover the enhanced observations as agreed with HIW We have changed this so that any 1:1 requires additional staffing being brought in as well as recruiting new additional staff and also increasing the	Duty roster and enhanced observation sheet confirm this	Director of Nursing and Lead Nurse	Completed	1:1 are now staffed via additional staffing resources	The SMT review enhanced observation daily in the morning handover to ensure that these are continuing to be needed and are adhered to according to policy and unit protocol.	

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				nursing bank.						
1 b)	Cancellation of activities, outings, education programmes and community leave because there was not enough staff.	This was also raised in the ward complaints and directly by the patients' council with the SMT.	Review reasons for cancellation and ensure adequate resources are provided.	<p>We have in place an audit of section 17 leaves which focuses reasons for cancellations in order to address these if they are related to staffing or transport issues.</p> <p>We have done a lot of work to change our care planning making it in keeping with the CTP eight domains and the patients' individual care planning.</p> <p>Each morning the nurse in charge is now able to print off a daily timetable showing exactly what each patient is doing that day to help plan the use of their resources to</p>	The electronic Care-notes system provides the incidence of cancelled activities and section 17 leave. We have audited cancelled leaves for the month of October 2013	Director of Nursing and Lead Nurse	Completed	Less leave being cancelled due to not enough staff	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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				<p>ensure these sessions, including leaves are effective.</p> <p>The additional nursing staff should ameliorate the cancellation of activities, education sessions and community leave, as well as enabling breaks to be taken. We have also reviewed the patient's individual timetables to ensure that all MDT members are involved in offering sessions to our patients and there is greater co-ordination as in the past, leaves have been planned ad hoc leading to unrealistic expectations on delivery.</p>						



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1 c)	Staff unable to take breaks due to inadequate staffing levels	The SMT were concerned that this was taking place. The increasing staffing numbers that have been implemented should reduce the risk of this happening.	To provide an additional floating HCW at night to support the Night Coordinator. To ensure the Night Coordinator is supernumerary as well as the additional staffing referred to above.	A system has been that if staff do not take breaks that this is reported immediately to the lead nurse, Regional Director and SMT to look at reasons why and to address the same proactively. Two night health care workers in place from the 1.11.2013	Feedback to the Director of Nursing and Lead Nurse	Director of Nursing and Lead Nurse	Completed		This will be on going. SMT will also have a greater presence on the ward to ensure that staff do have breaks and that sufficient and safe levels of staffing are maintained	
2	Complaints are categorised as either 'formal' or 'informal' and only the formal complaints are reported to Head Office. It is essential that one system for the monitoring of complaints is implemented and the Head	Concerns were raised as a result of a significant number of complaints pertaining to lack of staffing had been incorrectly categorised as 'informal' by the complaints officer.	Urgent review of the operation of the complaints policy	The SMT reviewed the complaints policy to ensure that forms for complaints raised at the ward level are received by the Complaints Officer and SMT. Enhanced support for the Complaints Officer who is new in post has been provided All complaints are reviewed by the	SMT members, Registered Manager and Complaints Manager Ward Complaints Book. Complaints statistics. Complaints Dashboard.	Registered Manager	Completed	A clear system is now in place whereby all complaints are reviewed by the complaints officer, charge nurse and the SMT to ensure that these are reviewed as well as those complaints that cannot be resolved at the ward level are resolved as	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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	Office of the organisation informed of all complaints. In addition, clarification is needed regarding the distinction between 'formal' and 'informal' complaints.			Registered Manager, Lead Nurse, Charge Nurses and Complaints Officer on a weekly basis. We have also introduced as from the 28.10.2013 on each ward there is a box for patients to put complaints, suggestions and praises which are reviewed by the complaints officer				soon as possible through the complaints procedure. Enhanced support for the Complaints Officer who is new in post has been provided All complaints raised in the ward complaints book are now subject to weekly scrutiny by the Registered Manager, Lead Nurse, Complaints Officer and Charge Nurse for each ward to ensure to review progress on the complaints, how they have been resolved, the themes that		

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								have emerged and whether further action is required.		
3	Currently, if an incident occurs and a patient requires care in an ICS (intensive care suite) and the suite is unavailable on that ward, a patient may be transferred via a hospital vehicle to an available ICS on an another ward. The use of MVA transport techniques need to be urgently reviewed and this practice is not covered in Partnerships In Care's	The decision to use MVA techniques and to transfer a patient to another ICS will always be a matter of last resort; after all alternative options have been exhausted. The size of the Llanarth Court hospital site does determine that use of a hospital vehicle is the safest and most effective means of moving the patient.	To review policy and practice To review available ICS resource within the hospital and if possible increase to all secure wards	The lead security and TMVA nurse has consulted with the Group TMVA advisor to produce a local protocol for the movement of patients requiring ICS facilities across the site using hospital transport. Since the HIW July visit we have reconfigured our capital spend to allow us to build a dedicated ICS for Deri ward so that all seven secure wards in site now have an ICS area. Production of a local protocol underway. An additional ICS	The protocol is in draft form and will be finalised imminently. The Deri ward ICS is now operational	Lead Security and TMVA nurse. Registered Manager	14.11.2013- protocol in draft form currently 27/09/2013	Protocol regarding the transfer of patients between ICS will be in place shortly. Additional ICS is now available	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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	policies and procedures.			suite on Deri should reduce the need to move patients who require an ICS.						
4	Patient medication administration records on Awen ward had a significant number of signatures missing and in some cases it was unclear from the record if medication had been administered. All non-administration of medication must be fully documented.	Systems have now been put in place to ensure that this does not occur on Awen or any other ward	To review medication administration on Awen and also other wards Ensure regular audits are taking place	All prescription charts are checked daily by the nurse in charge with particular attention paid to boxes unsigned or not coded. Prescription charts are subject to weekly charge nurse audit. Prescription chart omissions are dealt with in supervision. The pharmacist also conducts a review of all medication charts	Charge nurse medication chart audits.	Charge Nurses	Completed	Clear medication administration records	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded PiC are currently trialling an electronic medication administration chart	



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				There have been improvements in this area as evidenced by the charge nurse audits.						
5	The clinic on Awen ward held cream and other externally administered medication for patients no longer being cared for on the ward. All medication specifically prescribed for patients must be disposed of appropriately when they are discharged.		Review medication storage and disposal Ensure regular audits are taking place	A qualified member of nursing staff now has designated responsibility for the clinics on each ward. The charge nurse receives weekly check lists. Regular clinic checks are made by the charge nurse and deputy charge nurse.	Weekly check lists and charge nurse & deputy charge nurse checks assure the clinic delivers required outcomes.	Charge Nurses and lead nurse	Completed	Audit of weekly checklists Systems are now in place on all the wards to avoid a repetition of this observation	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	
6	The mask connected to the oxygen cylinder in the clinic room on Awen ward		Review storage and audit of emergency equipment	Oxygen mask now sealed and stored in the emergency grab bag. Emergency grab	Weekly check lists and charge nurse and deputy charge nurse checks assure the clinic delivers the	Charge nurse audits on each ward	Completed	Audit of weekly checklists We have also checked the equipment on all	Progress with Action Plan to be reviewed by Senior Management Team at	



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	was not covered and was full of dust. The oxygen mask must be appropriately covered.			bag subject to weekly check. Weekly clinic checklist in place. Regular clinic checks are made by the charge nurse and deputy charge nurse.	required outcomes.			the wards following the visit.	monthly intervals and ensure changes have been embedded	
7	A number of issues regarding care planning documentation were identified, specifically in relation to a named patient on Awen.	This issue relates to a patient on Awen ward.	Urgent review of the care planning for this patient	On 07/10/2013 we introduced a new format to Ward Round which will now be called Individual Care Review (ICR). Each patient will have an in-depth ICR once a month. In this ICR meeting the patient will be present and the Multidisciplinary Team will create MDT Care Plans based on patient need and under the domains of My Shared Pathway for English patients and	Updated care planning documentation	Director of Nursing and Lead Nurse	Completed	We are confident that the new system will address the HIW concerns and that the patients are more involved in the design and monitoring of their care plans. The patient specific issues have been addressed. In addition the MDT care plans have been introduced on all	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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				the Care and Treatment Plan domains for Welsh patients.				<p>the wards</p> <p>On a monthly basis each patient has an individual patient review ensuring all care plans are reviewed with the patient.</p> <p>This will be audited and monitored by the MDT in the patient's ICR meeting, by the Primary Nurse in their 1:1 sessions with the patient and by the Therapy Administrator and the Audit Administrator who will produce a monthly report to SMT on all cancelled sessions and unmet needs</p>		



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								and the reasons for the same. The SMT will discuss the findings with the individual MDTs and ask for solutions / action plans against any unmet needs / cancelled sessions.		
7 a)	Only three care plans were in place when there were significantly more issues that had been identified.		Urgent review of the care planning for this patient	The hospital has totally reviewed the system of care planning for patient, making these MDT in nature, based on the eight domains of the care and treatment plan and involving the patients. Each patient will have a monthly individual patient reviews where all care plans will be reviewed by the	Updated care planning documentation	Director of Nursing and Lead Nurse	Completed	As above	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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				MDT with the patient. Care plans and clinical entries are also now subject to quality assurance reviewed by the practice development nurse						
7 b)	No restraint plan was located on the ward.		Urgent review of the care planning for this patient	The deficits in care planning for the named patient have been addressed	Updated care planning documentation	Director of Nursing and Lead Nurse	Completed	As above	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	
7 c)	No observation care plan was available.		Urgent review of the care planning for this patient	The deficits in care planning for the named patient have been addressed	Updated care planning documentation	Director of Nursing and Lead Nurse	Completed	As above	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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7 d)	No care plan for a recent safeguarding alert.		Urgent review of the care planning for this patient	The deficits in care planning for the named patient have been addressed	Updated care planning documentation	Director of Nursing and Lead Nurse	Completed	As above	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	
7 e)	The patient was on Tramadol to help manage the pain arising from burns; however there was no pain assessment / care plan in place.			The hospital is introducing a pain ladder which is used to manage and control pain. The deficits in care planning for the named patient have been addressed.	Updated care planning documentation	Director of Nursing and Lead Nurse	Completed	As above	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	
7 f)	Activities participation not completed.		Urgent review of recording patient participation	The MDT Care Plans will contain the interventions that each clinical department will offer and how often to help the patient achieve their goal.	Ward round meetings, CPA & CTP meetings, Charge Nurse and Role Development Nurse audit. Dashboard	Multi-Disciplinary Teams and the SMT MDTs, RCs and	Completed		Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and	



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				<p>The MDT Care Plan will also contain the patient intervention to achieve their goal.</p> <p>These interviews within the MDT Care Plans will form the basis of the patient's individual timetable which will also be discussed along with prescribed Section 17 Leave within the patients ICR meeting.</p> <p>The Individual Patients' Timetables will also include session timetables from a hospital wide timetable and a ward timetable.</p> <p>These patient individual timetables will also include planned Primary Nurse 1:1 sessions.</p>	<p>indicators which show when care plans have been reviewed are now available which are reviewed by the charge nurses and SMT regularly.</p>	Charge Nurses			ensure changes have been embedded	



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				<p>The individual timetables will be printed on a weekly basis and discussed on a weekly basis with the patient.</p> <p>The night staff will print a timetable of activities / interventions that will be taking place for all patients on their wards for the following day.</p> <p>Following the morning handover the Nurse in Charge will hold a Nurse Resource / Allocation meeting that will include allocating staff to facilitate or act as escorts for the interventions/ sessions planned that day.</p> <p>Apart from the</p>						



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				<p>Security Nurse it will be expected that all nurses on duty will offer and facilitate sessions or interventions that are on the timetables for that day. During the weekly planned Primary Nurse 1:1 sessions the Primary Nurse will discuss the patient's individual timetable with them and record in the patient's clinical notes what the patient thinks is working well / not so well on the timetable. If any sessions / interventions or leave has not taken place and the reasons for this will be recorded in CAREnotes.</p> <p>The Primary Nurse</p>						



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				<p>review will also form part of a summary for the monthly ICR meeting.</p> <p>The changes above, the increased staffing levels not absorbing staff onto enhanced observations, will have a positive impact on patients' activities.</p>						
7 g)	<p>The HoNOS (Health of the Nation Outcomes Scales) assessment for self-harm was scored as zero. This was incorrect as the patient was known to have self-harmed.</p> <p>An urgent review of care documentation</p>	<p>With regard to HoNOS the patient had a self-harm rating of zero because it is an assessment of the risk of self-harm in the near future, not whether she had ever done so in the past. We believe that the 0 value is correct.</p>	No action required							



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	is required to address all the identified areas.									
8	A Healthcare support worker on Awen was overheard using inappropriate language to a patient. Using inappropriate language to a patient is not acceptable and the registered provider informed HIW that this would be dealt with immediately. Confirmation of the action taken is required.	The SMT actioned this plan immediately at the time this was raised	Urgent review with the HCW identified	<p>The individual concerned was interviewed and managed within the disciplinary process, which was followed up in supervision and a training plan put in place.</p> <p>In addition, training is to be provided on a refresher basis for all staff on maintain appropriate boundaries and appropriate interactions with patients</p> <p>The individual concerned has now resigned her position.</p> <p>The meetings between the SMT</p>	Supervision records and planned training.	Charge nurse Awen ward	Immediate	Supervision and training record.	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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				and patient's council and the complaints officer also review any concerns that patients raise about staff attitudes. The patients' advocate also provides an independent route for patients to report any concerns						
9	Partnerships in care should consider the feasibility of converting Awen ward into two distinct units because of the diverse care and treatment needs of the patients accommodated there. This would mean that patients further along	The mix of patients at varying stages of recovery is not unique to Awen ward and it is the case that patients further along the care pathway may help and support patients at the start of their recovery.	Review the Red, Amber Green system and its implementation on Awen Ward Report to be sent to HIW by 31/10/2013- this reports is in draft form and will be submitted at the end of the week 4.11.2013	Presently the Red, Amber, Green system is used to manage the ward with patients categorised according to their level of risk. This then determines which parts of the ward patients are able to access. Patients with green status also occupy one of the eight bedded bedroom corridors.		Charge Nurse / Registered Manager	By 31/10/2013	A report giving further details as requested will be submitted separately.	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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	the care pathway were not hindered by patients who were making less progress. A report upon this area must be submitted to HIW by 31 October 2013.			<p>We have now plans to make additional Green areas on the ward for patients who are more advanced in their care pathway.</p> <p>The extra green area is being developed off the main ward area</p> <p>A protocol is being developed so that there more acute patients are located in four bedroom of one corridor close to the nursing station. One of the corridors will have the more settled patients.</p> <p>In addition, we are planning to expand Woodlands by two beds to ensure that there is no delay in offering care pathways for</p>							



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				women who are no longer requiring a secure service						
10	Arbitrary decision making / blanket approaches were in place on Iddon ward in relation to caffeinated drinks and the amount of CDs/DVDs a patient could have. Decisions must be made on an individual basis and not as a blanket approach.	The SMT do not accept blanket policies as every patients care is subject to individual risk assessment. The hospital policy of a fixed number of CDs/DVDs was set in place to facilitate room searches within a specified time.	Review implementation of current policy to ensure patients are assessed as individuals Consult with the patients council on possible changes to the policy	The blanket rule applied to caffeinated drinks on Iddon ward. This has now been revised to incorporate an individualised risk assessed approach. The collective approach to CDs/DVDs is being reviewed which has been left in abeyance given that it is viewed as an operational necessity. This policy is being reviewed with the patients council on the 14/10/2013 to	Care plans. Care plan audit. Patients council minutes	Responsible Clinicians and Dr Huckle	Immediate.	There is no longer a blanket ban in relation to caffeine across the hospital. The issue of the amount of DVDs patient can have in their rooms is to be discussed at Patients' Council.	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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				discuss options including the use of technology e.g. MP3 players which would address this issue. The patients representatives are seeking the view of patients on their ward and this is being discussed at the SMT's meeting with the patients council on the 4.11.2013						
11	Currently Llanarth Court has 4 vehicles to transport patients to activities and for section 17 leave etc. It is recommended a review of the number of vehicles is undertaken with a view to increase vehicle numbers to	At the time of the inspection Llanarth Court Hospital had five vehicles dedicated to patient transport.	Urgent review of numbers of available vehicles	Additional vehicle acquired week beginning 9/09/2013 bringing total number of vehicles dedicated to patient use to 6. This should improve upon our ability to deliver section 17 leave and community outings. The reasons for cancelled section 17 leave is being monitored and the demand for vehicle	Additional vehicle in situ	Registered Manager	Completed	Section 17 leave audit	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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	ensure patients receive leave and are enabled to attend community activities and activities are not then cancelled due to a vehicle shortage.			use kept under review.						
12	Photocopier, printer and computer access was insufficient on some of the wards. This meant that staff were leaving busy wards to photocopy and print essential documentation Photocopying, printing and sufficient computers must be		Assess viability of installing additional IT equipment	Costings for 8 machines have been obtained at cost of £8k and an order placed. Machines to be installed shortly.	Email trail. IT audits.	Registered Manager	We will confirm the date when the machines are in situ shortly.	Photocopiers are being installed on all 8 wards on the 26.11.2013.	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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	available on all the wards.									
13	The swimming pool has been out of use for some time. This was due to staff not having the appropriate life saving training and a technical problem. The provision of a pool is clearly advertised as an activity for patients at Llanarth Court Hospital and it must be available for patients to use.		Return pool to operational use	The pool was re-commissioned on the 22/08/3013. Four sessions are presently offered over two days, one morning and afternoon and one morning and evening Pool has been in use since 22/09/2013	Care-note records SMT minutes	Registered Manager	22/09/2013	The pool is now in use. Take up has been monitored and currently this is sufficient for patient need	Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded	



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14	A review of governance / audit processes is urgently required. The Senior Management team at the hospital must have effective processes in place to quality assure all aspects of service provision and the effectiveness of the risk management, control and governance processed in place. An important aspect of this process is ensuring staffing numbers are adequate to	HIW expressed their concern about some disconnect whereby the senior management apparently not being fully aware of problems with staffing and failing to address this issue expeditiously.	Urgent review of the governance structure to be carried out	<p>A review of the governance structure at Llanarth court hospital has been conducted by the Regional Executive director in the light of the HIW visit and the review by the Welsh secure contracts team in August</p> <p>PiC have introduced a set of in charge dashboards by wards. These are accessible to all clinicians and highlight when care plans are due for review, when KPIs are due for review. These are reviewed daily by the charges nurses and weekly by the SMT.</p> <p>A new SMT structure is now proposed with a senior clinician</p>	<p>New organogram being developed</p> <p>New statement of purpose being developed</p> <p>Dashboard reviews.</p> <p>Staffing and observation audit.</p>	RED / SMT	<p>11.11.2013</p> <p>Review completed on 01/10/2013</p> <p>In place as from 10/9/2013</p>	<p>New structure has now been agreed and an registered manager with clinical experience will be put in place shortly to ensure integration between clinical and operational running of the hospital</p> <p>That the SMT ensure adequate staffing levels are maintained and the quality of the service remains high</p> <p>A company-wide set of quality dashboards which facilitate quality assurance across our service</p>	<p>Progress with Action Plan to be reviewed by Senior Management Team at monthly intervals and ensure changes have been embedded</p> <p>The Corporate Dashboards provide a means to monitor when the care plans, HCR-20, HoNOS ratings are in need of review, the MDT input for each patient, observation levels and any other relevant information.</p>	



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	meet all the patient's needs including the range of observational levels.			becoming the Registered Manager as soon as is practicable The nursing administration now emails the SMT if there are issues in the night and for the following day that potentially impinge on staffing numbers e.g. staff sickness, an increase in observations. Dashboards reviewed at daily handover. Staffing and observation level daily bulletin sent to SMT members.				provision is now in place. That the dashboards provide a means of maintaining high quality standards.		