

ACTION PLAN FOLLOWING HIW PRIVACY DIGNITY AND RESPECT VISIT TO CRUG WARD BRECON HOSPITAL 23 and 24 October 2009

ISSUE		ACTION REQUIRED	RESPONSE/PROGRESS	LEAD	COMPLETION DATE	UPDATE DEC 2010
Dignity and Respect	Formal systems for assessing and recording capacity and consent were not evident.	Capacity and consent needs to be recorded appropriately in patients' notes.	Capacity assessment tool now in place and to be part of the assessment and review process. Must be recorded in patient's notes. Consent needs to be recorded in patients' notes.	Charge Nurse/Sister	Review end of February 2010 then monthly monitoring	COMPLETE Powys Social Services assessment of capacity now used for every patient.
Nutrition	Nutritional assessments not consistently evident	Nutritional assessments will be in place in all patients' notes.	MUST assessments are to be consistently applied and evident in all patients' notes.	Sister	End Feb 2010 then monthly monitoring	COMPLETE MUST Assessments (Malnutrition Universal Screening Tool) in place and monitored weekly.
Environment of care	Transport difficulties to the Day Hospital are causing delays in patients arriving and going home early.	Appropriate and timely transport arrangements.	This has been raised with patient transport services. Datix reports have been submitted. Ongoing monitoring is in place and problems will be reported through the patient transport manager.	Day Hospital Nurse	Review end Feb and then monthly monitoring	Continues to be completed through Datix system and monitored monthly. 90% of the time there is not a problem with transport.

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	Laundry arrangements inadequate, soiled clothing left in bedside lockers.	Appropriate laundering processes in place.	Personal clothing is laundered by relatives or in their absence a private firm now offers a paid service. Staff to ensure that any soiled clothing is bagged appropriately and stored safely until collected.	Charge Nurse	End Feb 2010 then monthly monitoring	COMPLETE Laundry is bagged and stored until safely collected. Sign put up advising staff of procedure.
	Shower room used for storing commodes when room not in use.	Appropriate storage of commodes.	Storage space needs to be raised with facilities management and alternatives planned.	Charge Nurse	End Feb 2010	This issue has been raised, The Facilities Manager is aware of the problem.
	No single sex toilets and washing facilities.	Single sex toilets and washing facilities must be provided.	This issue is beyond the control of the ward and needs to be raised in the Mental Health/Support Services meeting.	Service Manager	Review end Feb 2010	The Facilities Manager and Aneurin Bevan management are aware of this shortfall.
	Unlocked cabinets in bathroom contain shampoo and other toiletries.	Shampoo and toiletries to be appropriately stored.	Shampoo to be removed immediately and stored in the clinic room. Lockable bedside cabinets to be provided in each room.	Charge Nurse/Sister	Review end March 2010	Lockable key coded cabinets ordered and due to be delivered w/c Mon 20 Dec 10.
	Signage inadequate for people with poor eyesight.	Appropriate signs required.	Hospital signage issue to be raised with Support Services.	Service Manager	End March 2010	COMPLETE
	Central heating	Appropriate	Ward has raised this with	Charge	Complete	COMPLETE

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	too hot at time of visit.	temperature needed on the ward.	estates who have dealt with it. Ward will raise it again if it becomes an issue.	Nurse		
	Lack of resources needed to support people with sensory impairment lacking.	Resources needed to support people with sensory impairment lacking.	Consult with Occupational Therapist to assess what is needed on the ward and order appropriate equipment	Charge Nurse and Occupational Therapist	By end of March 2010	COMPLETE Portable loop system in place.
	Patients may need hearing aids set to take advantage of hospital loop system.	Training needed for staff.	Audiology department will be asked to attend the ward and advise staff.	Charge Nurse	March 2010	COMPLETE Audiology Dept have visited Crug ward.
Involvement of patient and carers	Complaints leaflets not available on Crug Ward.	Complaints leaflets to be readily available.	Complaints leaflets are available on the notice board on Crug ward.		Complete	COMPLETE
	Patients and carers involvement in care planning inconsistent.	Patient and carer involvement evident in care plans	CPA review completed. Patient and Carer involvement will be regularly reviewed.	Charge Nurse/Sister	End Feb and ongoing	COMPLETE

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Training	Awareness of POVA and Child Protection arrangements poor.	Staff need to receive training in these areas.	To ensure that all staff meet mandatory training requirements for POVA and Child Protection.	Charge Nurse/Sister	By end of June 2010	COMPLETE All staff are aware of the need to meet mandatory training requirements.
	Individual personal and professional development and reviews are weak.	All staff to have up to date PDPs.	To ensure e-KSF reviews are completed for all staff.	Charge Nurse/Sister	By end September 2010	ONGOING To be completed by end February 2011.
Care issues	Little evidence of formal activity programme.	Activity programme to be in place.	An activity programme is now displayed on the ward, this outlines a number of different activities planned throughout the week. This needs to be monitored daily to ensure it is actioned.	Sister	Feb 2010	COMPLETE

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Care issues	Gaps in out of hours medical cover concerns expressed by staff.	Medical cover available at all times.	This issue to be investigated to clarify what the issues are and implement a solution with guidance to staff.	Service Manager	End March 2010	COMPLETE This is no longer a problem as Aneurin Bevan medics can be contacted. Shropdoc system
	Name badges not worn by all staff and no staff information board	All staff to wear new name badges All staff to be issued with new name badges. Staff information board to be displayed.	Programme ongoing to issue badges with completion due end April 2010. Staff photo and name board to be displayed.	Charge Nurse/Sister	End April 2010	ONGOING To be completed by end March 2011.
	CRB checks have not been carried out for long standing members of staff.	All staff in post that have not previously undergone CRB clearance to undergo CRB checks.	Review of all personnel files to ascertain evidence of CRB clearance. Liaison with HR on improving compliance.	CRB Team/HR/ Team Manager	End June 2010	This item is still outstanding with HR.

Additional issues:-

		Progress / Response	Update Dec 2010
1	Each bed has curtains, which are used to maintain privacy. However, more consideration needs to be given to ensure that these are kept fully closed when personal care or treatment is being undertaken.	Curtains have always been kept fully closed when personal care and treatment is undertaken.	COMPLETE
2	Staff need to be more aware that privacy may be compromised through conversations relating to sensitive patient specific personal or medical information being overheard.	The quiet room or office is always used when discussing private or sensitive matters.	COMPLETE
3	Some bedrooms hold a few personal possessions but overall there is a general lack of personalisation. There are limited storage facilities for patients' possessions especially clothing.	Lockable cabinets have been ordered and are due to be delivered w/c 20 December 2010. With reference to lack of personal possessions, relatives and encouraged to bring in photos for the patient and most have personal photos in their rooms.	COMPLETE
4	The presence of a cat on Crug ward clearly provides a significant emotional benefit to patients, nevertheless potentially represents an infection source or dispersal agent. Cats are not seen as high risk in EMI areas, as long as they are regularly vetted, de-wormed and de-fleaed and kept from areas such as clinical rooms, sluices and any patients who are known to have an infection. These relevant protocols involved in safely keeping a cat should be reviewed regularly.	The cat is regularly taken to the vets, has annual check-up, is wormed and de-fleaed regularly.	COMPLETE
5	Discharge planning is generally unstructured with no clear discharge plans.	Discharge plans from the CPA process are now used and stored in a separate poly pocket.	COMPLETE
6	Care planning lacks focus in terms of nutritional and spiritual needs and domestic arrangements, leading to less than holistic approach to overall care.	MUST Assessments (Malnutrition Universal Screening Tool) are carried out on every patient, which offer clear guidelines if there is a certain score. The care plan / CPA process cover all needs.	COMPLETE
7	Staff handover does not follow any formal process. Thus it is unstructured in that there are no set topic areas to be covered and there is no auditable record of handover since no formal note taking is in evidence.	Previously nurses worked to a staggered shift pattern resulting in numerous handovers. As a result of the new shift pattern 1 focussed handover takes place in the quiet room prior to the start of the shift. A handover audit tool has been devised and is in use.	COMPLETE