

+Appendix A


Dignity and Essential Care: Improvement Plan

Hospital: County Hospital

Ward/department: Usk Ward

Date of Inspection: 18 and 19 February 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience				
	Addressed under the Fundamentals of Care below.			
Delivery of the Fundamentals of Care				
Page 9	The ward should ensure patients and relatives are kept up to date on care and treatment information throughout their stay. The ward should consider how to make patients and relatives aware of whom they can ask for information.	<p>Ensure that patients' choice/preference for communication is noted in documentation. Documentation audits are being arranged via QPS team.</p> <p>Ward Information leaflet is under development which will be rolled out to all wards across the County site</p> <p>Patient/relatives information board to be revised and updated in line with implementation of transforming care principles and WOW (Well Organised Ward)</p>	<p>Ward Sister</p> <p>Assistant Divisional Nurse/SIMs</p> <p>Lead Nurse CPD/Ward Sister</p>	<p>Immediate</p> <p>June 2015</p> <p>May 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Weekly Carers Clinic commenced 14 th May 2015 following MDT	Deputy Sister	Achieved
Page 10	The Health Board should ensure staff have the tools needed to enable them to communicate with patients with hearing loss and additional communication needs in an appropriate, discreet way.	 <p>Deaf awareness and communication tactics (attached) to be provided to all ward staff 8th May.</p> <p>Hearing loops available on ward. Staff to ensure appropriate usage for patients with specific needs. This will be undertaken at handover and a symbol identifier will be used on the PSAG Board</p> <p>Staff to attend Delivering Excellent Customer Service Level 2 workshops. Roma Morris to attend ward to carry out Level 2 Customer Service Training (15th May 2015)</p>	<p>Ward Sister</p> <p>Ward Sister</p> <p>Ward Sister</p> <p>Deputy Sister</p>	<p>Immediate-achieved</p> <p>Immediate-achieved</p> <p>Immediate-achieved</p> <p>Achieved</p>
Page 10	The Health Board should consider how staff can ensure patients' dignity is upheld when using toilet facilities, specifically by ensuring locks are in working order and the use of 'in use' signs.	New locks have now been fitted as appropriate (9 th May). Fire door at top of ward to be kept closed to ensure patient privacy and dignity. Laminated "in use" signs now in situ.	<p>Deputy Sister</p> <p>Deputy Sister</p>	Achieved


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Page 11	Staff should encourage patients to be as independent as their condition allows, particularly in light of the length of time patients stay on the ward in preparation for discharge home.	<p>Specific patients needs in terms of promotion of independence will be shared on a daily basis at handover and noted on PSAG board – PSAG Boards in use from 12th May 2015.</p> <p>The implementation of ICARE will be progressed i - individualised, inspiring, influencing, innovating C – Effective Communication A – Positive Attitude R – Respect for patients, carers and staff E – Environment conducive to care and recovery</p> <p>The potential for self care promotion, identified by the multi-disciplinary team, will be captured in care plans and will be audited as part a monthly documentation audit and also via fundamentals of care audits.</p> <p>Usk ward has open visiting - arrangements commenced immediately post HIW visit</p>	<p>Ward Sister/Deputy Sister</p> <p>Ward/Deputy Ward Sister</p> <p>Ward Sister</p> <p>Ward Sister</p>	<p>Immediate - achieved</p> <p>June 2015</p> <p>Monthly</p> <p>Immediate-Achieved</p> <p>Achieved April 2015</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Plans for introduction of the mealtimes companions scheme- member of Usk ward staff at County site nominated to support this initiative	Senior Nurse	Sept 2015
Page 11	There should be a clear definition of purpose for Usk Ward to ensure sufficient provision of OT and Physiotherapy services to support patients to be as independent as their condition allows.	<p>Ward profile to be reviewed to reflect change in patient profile and principles of graduated care to clarify definition and purpose.</p> <p>As part of the implementation of graduated care we are planning to cohort the patients requiring rehab to one side of the ward</p> <p>The OT service for the wards is integrated with Frailty service provision to ensure a seamless pathway for patient transition from hospital back into the community. The provision of OT Service to Usk Ward is the same as for every other ward on the County Hospital site with OT intervention delivered by the Integrated OT Team (previously separate hospital based OTs and Community Resource Team OTs who are now co-located on the "old" Usk Ward on the hospital site.)</p> <p>Nursing staff refer for an OT assessment via Frailty SPA and</p>	Ward Sister	June 2015


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		the referral is then allocated to whichever OT would be the most appropriate. There is a response to referral time of one working day.		
Page 12	The Health Board should consider how to make the ward environment as accessible as possible to patients with confusion/dementia and complex or sensory needs, particularly in light of the type of patients now admitted onto the ward.	<p>Dementia Training is a priority for Usk ward.</p> <ul style="list-style-type: none"> • All staff have received the level 1 POVA information leaflet. • 2 Dementia Champions (One RN and 1 HCSW) identified. • Backfill of staff will be supported to complete on line Dementia Training. • Bespoke training with Adult Mental Health arranged for May 2015 <p>The Older Adult Liaison Service to provide training based on the RAID project (rapid assessment interface and discharge) consisting of</p>	<p>Ward Sister</p> <p>Ward Sister</p>	<p>Immediate Achieved – February</p> <p>Achieved</p>


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		<p>Dementia, Depression and Delirium all staff to have attended by end May 2015</p> <p>MCA and DOLS bespoke training has been arranged with Mental Health for County staff. An Away Day for Band 7s and 6s has been arranged for 18th June – this will cover MCA and DoLs.</p>	Senior Nurse	June 18th
Page 13	The ward should complete their work in the day room to create a dementia friendly, accessible, stimulating environment where patients can be involved in a variety of activities.	<p>County Hospital Day room project group are progressing this. In liaison with a local college, a scheme of works is planned in accordance with dementia friendly principles to redesign and decorate these day rooms.</p> <p>Further meeting planned for 21st May.</p>	Ward Sister	November 2015
Page 14	The ward should provide appropriate activities and stimulation for patients, in light of the changing nature of the ward to accommodate older people staying for longer periods of time in preparation for discharge home.	<p>Regular scheduled recreational activities are planned to encourage patients to use day room and promote socialisation. Following revision of rosters, HCSW hours have been released to support provision of activities twice weekly.</p> <p>Senior Nurse has made contact with League of Friends, Age Connect and Rhian Lewis (ABuHB Lead for Voluntary Services) to promote additional recreational activities.</p>	Ward Sister	<p>June 2015</p> <p>Achieved</p>

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		<p>Meeting arranged for 10th June.</p> <p>Tea, Coffee and Cake afternoons commenced 13th May.</p> <p>Local colleges Health and Beauty course students have offered County hospital voluntary hand and nail care support. Hairdressing services available x 1 weekly</p> <p>Ward to ensure meaningful activity is promoted by availability of books and games, memorabilia etc.</p>		<p>Achieved</p> <p>Achieved</p> <p>Achieved</p>
Page 14	Appropriate pain assessment tools should be used to accurately document and assess patients' pain to ensure appropriate management and escalation.	<p>The Abby Pain Scale pain chart (or appropriate alternative) developed to support managing the assessment of pain in patients with dementia to be introduced. This must be aligned to the use of NEWS (see Q5 of tool)</p> <p>NEWS is to ensure that any patient deterioration is identified and managed appropriately</p> <p>The laminated NEWS escalation flow chart is now available at the nursing station and the PSAG Board , it will also continue to be part of the safety</p>	<p>Ward Sister</p> <p>Ward Sister</p>	<p>June 2015</p> <p>Achieved</p>

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		briefing  SKM_C554e1501021 6390.pdf		
Page 15	Bathrooms should be kept at a comfortable temperature for patient use.	Work has been carried on site, new thermostats have been fitted to the ward radiators Wall thermometer to be placed in bathroom and checked prior to each patient use to ensure ambient temperature. Staff to ensure areas are draft free and windows are secured	Ward Sister Deputy Sister	Achieved April 2015
Page 15	The ward should ensure staffing levels are in place to allow patients to be assisted with personal care routines at their own pace.	Ward Sister is supported to work in a supervisory status at least once a week to support and work alongside staff with care delivery to ensure standards are maintained. RN/HCSW staffing ratio has been adjusted to ensure two RN's on duty at night Safe staffing levels are monitored daily with the Senior Nurse and ward sister at the daily PSAG (Patient	Senior Nurse Divisional Nurse Senior Nurse	Achieved Achieved May 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Status at a Glance) ward board meeting reviewing staffing levels and patient acuity. A senior point of contact for County site is to be established to ensure safe staffing levels and provide a point of escalation in the event of unanticipated staffing shortages		
Page 16	Staff should review how meals are distributed and consider rolling the hot trolley along to the other end of the corridor when serving meals to patients at this end of the ward to ensure safe distribution.	<p>Mealtime companions are to be introduced at County using ABUHB staff volunteering time to assist patients at mealtimes.</p> <p>Review of current practice for hotel services staff has been undertaken during the serving and distribution of meals to reduce potential H&S risks regarding unnecessary transportation of trays. Trays are now transported on a hostess trolley.</p> <p>The option of providing Plate Covers via catering services to optimise food temperature will be discussed at the next environment board meeting. Senior Nurse has met with Facilities Manager to discuss this option. Issue of food temperature also discussed with Band7s at weekly ward managers meeting with Facilities Manager in attendance.</p>	<p>Senior Nurse</p> <p>Ward Sister</p> <p>Senior Nurse</p>	<p>March 2015</p> <p>April/May 2015</p>

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		<p>Compliance with checking of temperature of food served to be enforced and audited on a monthly basis through the T2C nutrition and hydration audit tool</p>  <p>Framework for Ward Visits - Nutrition Hydr</p>		Achieved
Page 16	Staff should ensure they are available in both bays during mealtimes to assist patients to eat and drink where required.	<p>Protected mealtimes in place ensuring staff are available to support patients at mealtimes and patients are not disturbed with other activities/ treatment during their meal. This to be audited monthly using tool above.</p> <p>Facilities Manager attended Band 7 weekly meeting (13th May) to work with wards in ensuring that patients receive appropriate encouragement, advice and assistance at mealtimes and that they are provided with food of the right temperature, portion size and quality.</p>	Ward Sister	Achieved
Page 17	Food and fluid charts should be kept up to date to assist with appropriate management of patients' nutritional needs.	Ensure compliance with All Wales food chart recording. Ensure all staff undertake on line learning to support compliance with same. Protected time to be rostered for on line training for the All Wales Nutrition and Hydration pathway.	Ward Sister	May 2015

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		<p>Ward sister to ensure maintenance of nutritional standards on Usk ward. The need to change water jugs 3 times per day; the red tray system and the ordering of nutritional supplements will be addressed. Nurses to implement jug change at lunchtimes or as required by individual patients.</p> <p>Protected mealtimes will be audited monthly.</p>	Ward Sister	<p>Achieved</p> <p>Achieved</p>
Page 17	The Health Board should ensure patients' nutritional needs are routinely assessed to inform appropriate management.	<p>The T2C audit tool assesses compliance for evidence of nutritional risk assessment through the MUST tool</p>  <p>Framework for Ward Visits - Nutrition Hydr</p> <p>Monthly monitoring is undertaken by senior nurse via the nursing metrics which is reported via QPS forum</p>	Ward Sister	Achieved
Page 18	The Health Board should ensure patients' oral health needs are routinely assessed to inform appropriate management.	<p>Identified deficit on Usk ward re. use of oral assessment assessment tool. All staff to attend 1000 Lives Mouth care for Adults in Hospital training developed through the Mini mouth care collaborative. Dates are available via ABUHB intranet. Compliance is being addressed by the executive</p>	Ward Sister	May 2015

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		nursing team following review of FOC audit across ABUHB.		
Page 18	The Health Board should ensure patients' continence needs are routinely assessed to inform appropriate management.	<p>Continence assessment training is being arranged with continence specialist nurse – Ward Sister has met with Continence Specialist Nurse (13th May) to arrange training schedule for Usk Ward team.</p> <p>Continence link nurse on ward to support cascade of information</p> <p>Virtual continence round to be commenced June 2015 with continence Specialist Nurse. This to be used as a learning opportunity to improve knowledge and practice.</p> <p>Intentional Rounding will be implemented with the ward staff by the Ward Sister.</p> <p>Intentional Rounding is a transforming care initiative to improve patient centred care based on the fundamentals of care.</p> <p>Attention to call bells being at hand, toileting needs, drinks and safety measures forms the basis of each intervention.</p>	<p>Ward Sister/Continence Specialist nurse</p> <p>Ward Sister/Lead Nurse for CPD</p> <p>Ward Sister</p>	<p>Immediate</p> <p>June 2015</p> <p>Immediate</p>
Page 20	The Health Board should ensure staff	Ensure compliance with All Wales TVN	Ward Sister	Immediate

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	follow a consistent pathway in managing the risk of patients developing pressure sores. The Health Board should ensure documentation (care plans and monitoring charts) provide accurate, up to date, easy to follow assessment and guidelines for the appropriate care management of the patient.	<p>guidance for prevention and management of pressure ulcers.</p> <p>Senior Nurse has arranged a second session with Huntleigh for block training of ward staff.</p> <p>Bespoke training programme to be established for Usk ward delivered by the TVN's using the presentations from the ABUHB Skin Matters study day</p>	<p>Senior Nurse</p> <p>Ward Sister/TVN</p>	<p>May/June 2015</p> <p>Sept 2015</p>
Quality of Staffing Management and Leadership				
Page 23	The ward sister and deputy ward sister should have access to their allocated supernumerary time in order to fulfil increasing management responsibilities.	Ensure that supernumerary time is planned for through e-rostering for band 7 and band 6. Escalation to senior nurse for decision making in the event of unanticipated staffing shortages that compromise supernumerary status	Senior Nurse	Achieved
Page 24	The Health Board should ensure staff are supported to keep up to date with mandatory training to ensure they maintain their skills and can work safely and effectively with patients. The Health Board should ensure staff receives the training they require to support vulnerable patients in light of the changing nature of the ward (e.g. POVA, Mental Capacity Act and dementia/confusion).	<ul style="list-style-type: none"> • Ward Training Matrix in place. • Ensure PADR compliance is improved to support identification of learning needs • Compliance monitored monthly – routinely reviewed at local Quality and Patient Safety group. • POVA level 1 information has been received by all staff • Protected Training time to be built 	Ward Sister	Achieved as an immediate assurance February 2015

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		into the roster <ul style="list-style-type: none"> • Target of 20% increase in overall mandatory training compliance by end July 2015. • POVA Level 2 to be completed by all staff on line by end May 2015 		End July 2015 May 2015
Page 25	The Health Board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The Health Board should set out what, if any, action it will take to ensure that it's Board is supportive in identifying and resolving service issues in a proactive and timely manner.	Audit tracker system has been implemented across all community hospitals which provide an overview of all areas for divisional lead nurses and site specific. This provides a robust mechanism for monitoring of both compliance with monitoring of action plans in support of identified deficits	Divisional Lead Nurse	April 2015
Delivery of a Safe and Effective Service				
Page 28	A twice daily stock level check by two registered nurses should be completed daily and documented in the controlled drug book.	Pharmaceutical guidance and ABUHB medications management policy identifies the need for once weekly checking of CD stock levels. This is monitored through the CD audit tool. Remedial measures implemented by ward staff following outcomes of February 2015 audit. CD Audit conducted monthly for County wards excepting Usk Ward due to current closure. 100% compliance has been achieved on these wards Standard operating procedure in place for checking of CD's upon	Senior Nurse	April 2015.

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		administration to ensure two person checks in place		
Page 29	Oxygen should be safely stored in a ventilated area, secured to the wall with a hazard warning sign in place.	Works and Estates request to attach lockable mechanism to secure oxygen cylinder to wall and hazard warning to be applied	Ward Sister	May 2015
Page 31	Diabetic patients should have diabetes care plans and risk assessments in place to ensure staff follow clear guidelines in managing the condition.	Blood glucose monitoring training via the ABUHB Point of Care coordinator has been delivered to new starters and a rolling programme for refresher training implemented. Training now arranged – please see below	Ward Sister	Achieved
Page 31	There should be a clear care pathway in place that all staff are aware of regarding how to manage diabetes, when and how to make referrals to specialists.	Work ongoing with Diabetic Specialist team to implement a care pathway. Bespoke training implemented with the support of ABUHB Diabetic specialist nurse team Implementation of the PSAG boards will further support referral management. Diabetic training programme (4 x 1 hr sessions) held on alternative Wednesdays will commence during the first week of June . The aim of the training will be to: Support implementation of the care pathway.	Senior Nurse	Achieved

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Refresh knowledge base in diabetes Guidelines in managing diabetes (care planning, risk assessments) Update documentation used across settings and specialist referral process) Discharge diabetes management		
Page 31	Food and fluid charts for diabetic patients should be consistently filled in and signed off by appropriately qualified staff that are able to evaluate and make a decision about when to escalate a patient's increased risk.	Those patients that have been assessed through MUST and identified at risk will be monitored with relevant food and fluid charts supported by both dietetic and diabetic specialist team support. Bespoke training arranged as above.	Ward Sister	Achieved

Health Board Representative:

Name **Denise Llewellyn**

Title: **Nurse Director**

Signature:

Date: **20th April 2015**