

Cwm Taf LHB

HIW Unannounced Dignity and Essential Care Inspection 26 & 27 March 2012 Cwm Taf Action Plan

HIW Improvement Plan

The areas visited as part of this inspection were Ward 3, specialising in Trauma and Orthopaedics and Ward 19, specialising in Respiratory Medicine. Both of the wards are within the Royal Glamorgan Hospital.

The areas identified for improvement whilst specifically directed to the above wards, will also be applied to all clinical wards in order to ensure learning and corrective action across the Health Board.

| Area for Improvement | Cwm Taf Action | Responsible Lead | Monitoring and Completion date | Response |
|--|---|--|--|--|
| <u>Ward Environment</u> | | | | |
| The Health Board should review storage arrangements to ensure that patient belongings and wards supplies and equipment are stored appropriately. | All Ward Managers will be reminded to review all storage arrangements within their areas of responsibility. Where there are constraints due to environment – these will be brought to the attention of the Heads of Nursing for alternative solutions to be considered if possible or problem logged on the risk register. All Ward Managers are required to check their areas of responsibility to ensure the appropriateness of item storage. | Ward Manager/Senior Nurse/Head of Nursing. | 14 th September 2012 and ongoing. | The Health Board acknowledges that storage is an ongoing problem within the Royal Glamorgan Hospital due to the constraints of the building. Despite this the ongoing action identified will be monitored on a weekly basis by Senior Nurses. |

| | | | | |
|--|---|-------------------------------------|-------------------------------------|--|
| | <p>Lists will be developed to clarify which items can be stored in which area and these will become the responsibility of the Ward Manager.</p> <p>This will be checked by Senior Nurses on a weekly basis.</p> | | | |
| <p>The Health Board must ensure that curtains used around patient beds are a suitable length in order to maintain privacy and dignity.</p> | <p>Dignity spot check audits are undertaken at a minimum monthly. The audits are undertaken jointly with the Senior Nurses and members of the Fundamentals of Care Team.</p> <p>Cross checking of areas by Senior Nurses will commence for audit purposes.</p> <p>Unsatisfactory curtains should be taken down and housekeeping informed to replace immediately.</p> <p>Wards should keep a small stock of disposable curtains for emergency use.</p> | <p>Senior Nurse / Ward Manager.</p> | <p>31st August 2012.</p> | <p>The Health Board acknowledges that the ongoing Dignity spot checks demonstrate the good practice that is in place throughout the Health Board.</p> <p>In many areas the results of the audits are presented at the entrance of each ward. This practice will be encouraged across the Health Board</p> <p>The question on the audit which identifies this area:</p> <p><i>Q 3. Staff ensure the curtains are closed completely around the bed and that the length of curtains maintains dignity.</i></p> <p>(See attached audit)</p> |

| | | | | |
|--|---|-------------------------------------|---------------------------------------|---|
| <p>The Health Board should ensure that all staff put measures in place to inform others of care and treatment taking place behind closed curtains.</p> | <p>Ward Managers will confirm to their Senior Nurses that they have an adequate supply of “care in progress” signs.</p> <p>All new curtains will have “care in progress do not disturb” printed on the curtains.</p> | <p>Senior Nurse / Ward Manager.</p> | <p>31st August 2012.</p> | <p>Care in Progress signs are in place and must be used on all wards. Dignity Spot check audits are undertaken. The question that addresses this issue:</p> <p><i>Q 4. Staff display “ Care in Progress” signs when delivering personal care to patients.</i></p> |
| <p>The Health Board must ensure the broken lock on the toilet door on Ward 3 is repaired.</p> | <p>Ward Managers must ensure that all locks are functional and report any problems to the estates department in a timely way.</p> | <p>Ward Manager.</p> | <p>Immediate.</p> | <p>Ward 3 RGH was checked immediately following the inspection and there were no broken toilet door locks.</p> |
| <p><u>Staff attitude, behaviour and ability to carry out dignified care</u></p> | | | | |
| <p>The Health Board should provide assurance that staff levels on the wards visited are sufficient enough to meet the needs of patients.</p> | <p>The Ward Manager is responsible for assessing the needs of the patients and staffing levels on a shift by shift basis. If due to sickness or higher acuity of patients, additional nursing is required, there is a clear process in place for Ward Managers, following Risk Assessment to request additional support for their clinical area.</p> <p>This is being monitored daily by Senior Nurses.</p> | <p>Ward Manager/ Senior Nurse.</p> | <p>29th November 2012.</p> | <p>The Health Board has recently undertaken a Nursing Establishment Review and there is a plan in place to ensure all ward areas are staffed to the ratio of 1:1.2.</p> <p>Additionally the roll out of e-rostering which will support Ward Managers with the development of monthly rosters with the correct number of staff and skill mix has commenced and is ongoing.</p> |

| | | | | |
|--|--|-----------------------|-------------------------------------|--|
| <p>The Health Board needs to ensure that Dignity pledges are used in all areas. It was noted that they were being used on Ward 3.</p> | <p>The dignity pledge should be displayed at entrance to every ward and clinical area. It is also contained within the standard nursing documentation pack.</p> <p>This will be audited by Senior Nurses.</p> | <p>Senior Nurses.</p> | <p>31st August 2012.</p> | <p>Dignity spot check audits are undertaken monthly. This includes an audit of the use of the Dignity Pledge.</p> |
| <p><u>Management of patients with dementia</u></p> | | | | |
| <p>The Health Board should consider using initiatives such as “This is Me” and “Forget me not flower symbol” across the Health Board ensuring that all staff understand the meaning of such initiatives.</p> | <p>There is a planned implementation plan in place for both symbol and leaflet across the Health Board.</p> <p>This will be supported by an awareness and education campaign for nurses and other Health Care Professionals.</p> | <p>Senior Nurses.</p> | <p>30th November 2012.</p> | <p>The Health Board wishes to highlight a number of areas of good and developing practice in the care of patients with dementia:</p> <p>The “Forget me not” symbol and the “This is me leaflet”, is already in use on a number of wards.</p> <p>The leaflet has been adapted to suit the needs of patients on a general ward and has recently won a Welsh Language award in recognition of work done with priority groups in older people’s mental health.</p> <p>The graduate foundation programme which was showcased at a Chief Nursing Officer for Wales event at the end of 2011. This has now led to a piece of work on behalf of the Chief Nursing Officer examining how we</p> |

| | | | | |
|--|--|----------------|--|---|
| | | | | can provide an educational/skills programme for Registered Nurses and also in undergraduate courses for nurses to gain confidence, skills and competencies working across diverse clinical settings. The programme enables nurses to provide care along a continuum or pathway which may include hospital and home settings, mental health or general health care settings. |
| The Health Board should ensure that Specialist dementia Nurses routinely input into the care planning for patients with dementia on wards. | <p>The Health Board will roll out the use of the Dementia Care Pathway on completion of the pilot, with training and awareness sessions for nurses and other Health Care professionals.</p> <p>All Ward Managers on general wards will be reminded of the support service available from the Mental Health Directorate to ensure patient's care needs are being met.</p> | Senior Nurses. | The pilot will include 100 patients, so outcome of pilot expected and evaluated by end October 2012. | <p>The Dementia care pathway for use in General wards was launched on 24th July 2012. Four wards have been chosen to pilot the pathway.</p> <p>The Health Board does not at the moment have Specialist Dementia Nurses as this is a resource issue however in addition to the ongoing work with being implemented on the pilot wards, the Mental Health Directorate provide a support service to the general health setting regarding dementia through individual referrals and giving expert advice when requested.</p> <p>Strategically the Health Board is looking at the introduction of literature for health care staff to provide simple but effective guidance on communication for the confused elderly person and dealing with challenging behavior.</p> |

| | | | | |
|---|---|---------------------------------------|-------------------------------|---|
| | | | | <p>This can be used as the basis of further training and induction. Work is ongoing with an Older Persons Strategic Review which will examine several aspects for improving the quality of care for people with dementia within any setting within Cwm Taf LHB.</p> |
| <u>Care Planning and Provision</u> | | | | |
| <p>The Health Board must ensure that patient needs identified in patient assessments are linked into the patients care plan.</p> <p>The Health Board must ensure that care and treatment provided to patients is in accordance with their assessments.</p> <p>The Health Board must ensure that all in-patients have care plans which are adapted to specific needs and that these care plans are regularly reviewed and updated.</p> | <p>It is the responsibility of the Ward manager to ensure the complete process of documentation, is checked on a shift by shift basis.</p> <p>This is more formally audited annually but it is expected that issues are addressed expediently.</p> <p>All Senior Nurses will be expected to discuss this at their Ward manager meetings and document that this action has been taken.</p> | <p>Heads of Nursing/Senior Nurse.</p> | <p>Immediate and ongoing.</p> | <p>The Health Board has a well established Nursing Documentation Group with the objective of ensuring nursing documentation is robust and fit for purpose. The Health Board has recently reviewed the role and function of this group in light of lessons learnt through the concerns process, best practice initiatives and clinical incident reporting process.</p> <p>The group's main focus is on ensuring the patient care plan truly reflects the specific needs of the patient and these are regularly reviewed to ensure the changing care and treatment plans for our patients are documented contemporaneously.</p> <p>The Health Board will also be piloting the use of one single patient record on both acute and community wards with the</p> |

| | | | | |
|--|--|---------------------------------------|-------------------------------|---|
| | | | | <p>objective of reducing the burden of paperwork required for clinical staff. Through our lessons learnt process we believe there is the possibility of improving our record keeping and care planning process for our patients through the use of a single set of multi disciplinary records.</p> <p>Aligned to this work the Health Board is an active participant on the All Wales Nursing Documentation Steering Group and recent benchmarking against the minimum data set developed by the group was positive with only minor adjustments required going forward.</p> |
| <p>The Health Board must ensure that all care and treatment provided to patients is routinely documented in the patients' notes immediately after it has taken place, including therapeutic turns.</p> | <p>All Ward Managers will be reminded to undertake regular spot checks on a shift by shift basis, to ensure all documentation of patient care is completed accurately and contemporaneously.</p> <p>Any issue will be required to be addressed immediately.</p> <p>This also applies to other Health Care Professionals who take part in care, e.g. physiotherapists and this action point will be shared with them.</p> | <p>Heads of Nursing/Senior Nurse.</p> | <p>Immediate and ongoing.</p> | <p>There are a number of assessment tools that form part of the nursing documentation for patients. It is the policy of the Health Board that all documentation is completed contemporaneously.</p> |

| | | | | |
|---|---|----------------------------|-------------------------------|---|
| <p>The Health Board must ensure that nursing staff have knowledge of the patients they care for.</p> | <p>All Ward Managers will be reminded of the need to ensure all staff are aware of the care needs of their patients every shift.</p> <p>This will be audited as part of daily “spot checks” undertaken by Senior Nurses.</p> | <p>Ward Manage.r</p> | <p>Immediate and ongoing.</p> | <p>A handover of patients is undertaken at the start of each shift, utilising the patient status board.</p> <p>This information is updated as necessary throughout the day following ward rounds etc.</p> |
| <p>The Health Board must ensure that there is adequate reasoning behind a patient being left in bed and this information is documented in the patient’s notes.</p> | <p>This should be reflected in the care plan of the patient and communicated during handover.</p> <p>It is the responsibility of all registered nurses and the Ward Manager to ensure this happens.</p> | <p>Ward Manager.</p> | <p>Immediate and ongoing.</p> | <p>The Health Board acknowledges this is the standard expected.</p> |
| <p><u>Record Management</u></p> | | | | |
| <p>The Health Board must ensure that all DNAR forms are kept up to date and if a patient changes their mind, this needs to be reflected in the documentation immediately.</p> | <p>All Clinical Directors will be asked to communicate with their teams to ensure the forms are kept up to date.</p> <p>Clinical Directors will be asked to ensure audit results of this practice are presented at least annually at clinical audit meetings.</p> | <p>Clinical Directors.</p> | <p>September 2012.</p> | <p>The use of DNAR forms are monitored and audited by the Health Board’s Resuscitation Committee on a monthly basis.</p> |

| | | | | |
|---|---|---------------|-------------------------------|---|
| <u>Fluid and Nutrition</u> | | | | |
| The Health Board must ensure that all patients are provided with a regular supply of water throughout the day and this water is frequently refreshed. | Patients' water jugs are changed 3 times per day; it is the responsibility of the nurse in charge to ensure this happens. | Ward Manager. | Immediate and ongoing. | The Health Board is compliant with the All Wales Nutrition and Catering Standards for Food and Fluid for Hospital Inpatients. |
| The Health Board must ensure that there are clear criteria for patients being placed on a fluid balance chart and that charts are completed in a timely manner. | The All Wales fluid daily and weekly fluid balance charts are in use across all wards, supported by the fluid balance poster guidance. All wards should check they have this information and report to the Senior Nurse. | Ward Manager. | 31 st August 2012. | This is the standard expected by the Health Board. |
| The Health Board must ensure that all patients are provided with an opportunity to wash their hands prior to meal times. | All Ward Managers will be reminded that this is the expected standard. Protected meal time audit and Fundamentals of care audit will continue to monitor this practice. | Ward Manager. | Immediate and ongoing. | The protected meal times procedure in place within the Health Board directs staff to ensure patients have opportunity to wash their hands prior to meals. Dignity Spot check audits to be undertaken minimum monthly. <i>Q 12. Staff ensure patients are given the opportunity to cleanse their hands prior to eating their meal.</i> |

| | | | | |
|--|---|----------------|----------------------------------|--|
| <u>Personal Care and Hygiene</u> | | | | |
| The Health Board must ensure that all care and personal hygiene provided to patients by staff is documented. | There is a requirement for Ward Sisters/Nurse in charge to regularly spot check documentation to ensure personal hygiene monitoring form is in place and up to date. | Ward Manager. | Ongoing. | |
| <u>Toilet Needs</u> | | | | |
| The Health Board must ensure that there is an appropriate amount of commodes available for patients on wards. | All Ward Managers need to check the number of commodes they have available and identify any deficit to the Head of Nursing. A plan must then be submitted for replacement. | Ward Manager. | 31 st August 2012. | |
| The Health Board must ensure that there is a variety of continence pads available to meet different patient needs. | Senior Nurses will be required to check all their areas of responsibility to ensure staff are aware of this process and arrange update training if required. | Senior Nurses. | 29 th September 2012. | The Health Board does have a variety of products available within the current contract; however storage of the whole range on the wards could be problematic. The wards have a monthly delivery from the company of certain products from within the range. The Health Board agrees that to ensure correct management of incontinence a continence assessment is essential to identify why there is incontinence and how this is best treated to address the individual needs of patients. This should include investigations |

| | | | | |
|---|--|--|--|--|
| | | | | <p>including urinalysis, stool diaries, bladder diaries, abdominal examinations etc.</p> <p>The management may not identify only pads to contain bladder/bowel problems but appropriate toileting regimes, or the use of other continence aids e.g. conveyen sheaths.</p> |
| <u>Buzzers</u> | | | | |
| <p>The Health Board must ensure that all patients have access to a fully functional buzzer at all times.</p> | <p>The Ward Manager will be reminded that checks must occur daily.</p> | | | <p>All buzzers were checked immediately after the inspection and all were functional.</p> <p>Again the Health Board ensures Dignity Spot check audits are undertaken, at a minimum monthly, which includes this point.</p> <p><i>Q 17. Patients call bell was within reach.</i></p> |
| <p>The Health Board must ensure that staff aim to answer buzzers/call bells within five minutes and provide an explanation and reassurance to patients if they are unable to do it because they are busy.</p> | <p>The Ward Manager will be reminded that this is the expected practice.</p> <p>This will be monitored during daily visits by Senior Nurses.</p> | | | <p>Fundamentals of care audit requires a check that call bells are answered within 5 minutes.</p> <p>Patient care rounding has been tested on two Transforming Care wards and will now be implemented on Dementia care pilot wards.</p> <p>Progress on this will be shared when the pilot has been completed with a roll out plan.</p> |

| <u>Medicine and Pain Management</u> | | | | |
|---|---|---|--------------------------------------|--|
| <p>The Health Board must ensure that patients receive pain relief in a timely manner.</p> <p>The Health Board must ensure that after identifying that a patient is in pain, a pain assessment is undertaken immediately and a plan of action is put into place which is reviewed and evaluated.</p> | <p>The Pain Specialist Nursing Team has recently undertaken an audit within the Directorate of Surgery at the RGH, which has identified a need for further awareness on the use of the pain assessment tool.</p> <p>Further training has taken place at ward level and the audit will be repeated in 6 months time.</p> <p>This audit needs to be replicated in clinical areas throughout the Health Board.</p> | <p>Heads of Nursing.</p> | <p>31st January 2013.</p> | <p>Fundamentals of care audit checks with nurse and patient that pain relief is given in a timely manner.</p> <p>Additionally a pain assessment tool is part of the All Wales NEWS observation chart which emphasises this practice.</p> |
| <p>The Health Board must ensure that medication is not left unattended at the patient bedside.</p> | <p>The Directorates of Medicine and Surgery has recently circulated a clinical alert across the wards to remind all staff of this.</p> <p>This issue is to be spot checked on a daily basis by Ward Managers and Senior Nurses</p> | <p>Ward Managers and Senior Nurses.</p> | <p>Immediate and ongoing.</p> | <p>The Health Board agrees that this practice is unacceptable and will be carefully monitored by Senior Nurses.</p> |
| <p>The Health Board must ensure that all drugs cupboards are kept secure.</p> | <p>A memo will be sent to all Ward Managers reminding them of their responsibilities to comply with the procedure.</p> <p>Senior Nurses are required to spot check audit this practice when visiting the wards and any issues must be dealt with immediately with the Ward Manager/Nurse in charge.</p> | <p>Ward Managers.</p> | <p>Immediate and ongoing.</p> | <p>The Health Board has a Policy for Medicines Storage in Hospital.</p> |

| | | | | |
|---|---|--|-------------------------------|---|
| <u>Discharge Planning</u> | | | | |
| <p>The Health Board should provide us with information on Delayed Transfers of Care on Ward 3 and include any plans to reduce these.</p> | <p>All Delayed Transfers will continue to be escalated to the Senior Nurse to ensure that all appropriate action is taken.</p> | <p>Senior Nurses.</p> | <p>Immediate and ongoing.</p> | <p>Ward 3 at the Royal Glamorgan Hospital currently has two delayed transfers on the ward. Both patients awaiting a bed in a community hospital for further rehabilitation.</p> <p>There is ongoing monitoring of our Delayed Transfers of Care and an escalation process to senior staff.</p> <p>This is captured and monitored by the patient flow group.</p> |
| <p>The Health Board should ensure that all patients have an estimated date for their discharge when they are admitted to the ward and that where appropriate their relatives are fully involved and informed in the discharge planning process.</p> | <p>All registered nursing staff are to be reminded of the need to engage family members/carers from the patient's admission regarding discharge arrangements.</p> <p>All wards are required to have a process for monitoring Anticipated Date of Discharge.</p> <p>This is being monitored at the highest level through the Unscheduled Care Steering Group and the Patient Flow Improvement Programme.</p> | <p>Ward Managers/ Senior Nurses.</p> | <p>Ongoing.</p> | <p>Within the Health Board improving patient flow has been the focus of both the Unscheduled Care Steering Group and the Patient Flow Improvement Programme. The work directed by these programmes has looked at the whole patient pathway for both Scheduled and Unscheduled Care and made systematic service improvement.</p> <p>One specific area of focus has been on improved discharge planning through the use of the Discharge Planning Toolkit, implementation of Anticipated Date of Discharge and close working with the both Local Authorities to develop new services.</p> |

| | | | | |
|--|--|---|---|---|
| | | | | <p>The development of the Single Point of Contact with the Local Authorities as a referral point for the patients with the less complex discharge planning needs has resulted in earlier planned discharge with the required reablement support being in place. Both Local Authorities are represented at the Unscheduled Care Steering Group. This close working relationship has encouraged escalation and resolution of any discharge delays and resulted in the number of Delayed Transfers of Care reducing from 5109 bed days in May 2011 down to 1947 bed days in June 2012.</p> |
| <u>Activities</u> | | | | |
| <p>The Health Board should consider ways to provide patients with activities and stimulation throughout their hospital stay.</p> | <p>The Chaplaincy service is expanding their volunteer service to focus on activities and stimulation of patients. This will be reviewed as part of the Dementia care pilot wards.</p> | <p>Senior Nurse – Fundamentals of Care.</p> | <p>Ongoing recruitment of volunteers.</p> | <p>The Health Board currently have 24 volunteers.</p> |