

HIW FEEDBACK ACTION PLAN August 2014	Issues of Concern	Action taken	By Whom	By When	Action Update	r-a-g Status
1 Agency Usage	<p>The hospital was using a significant amount of agency staff. In July agency workers covered 14 registered nurse shifts and 47 support worker shifts. In June, 15 shifts was covered by agency nurses and 59 shifts covered by agency support workers. The registered provider must address staffing shortfalls.</p>	<p>The agency staff in the main were people that we have used regularly in the past and are familiar with St David's and the patients. We are moving towards full recruitment and the target of zero agency usage</p>	<p>Hospital Manager, Stream Manager</p>	<p>As soon as possible. Ongoing</p>	<p>New Staff that we have recruited are coming on board and this has meant that we have been able to reduce the amount of agency staff being used</p>	
2 Recruitment	<p>The registered provider must consider effective recruitment and retention strategies for recruiting and retaining staff. In the last 12 months, 14 staff had left St David's, including 4 nurses and 8 support workers.</p>	<p>We have carried out four recruitment drives in the local towns of Carrog, Ruthin, Llangollen and Bala. We have also attended recruitment fayres in Wrexham with the job centres. Further to this we have recruited and increased our staffing numbers with most of the posts now filled. On average, we have had two new staff starting each month</p>	<p>Hospital Manager, Support Services Manager, Stream Manager</p>	<p>September 2014 Ongoing</p>	<p>All of our vacancies have been filled with new starters last month and this month. We have also recruited to our staff nurse vacancy.</p>	
3 Care Documentation A)	<p>The admission details sheet for patient A was blank, with no record of the patient's date of birth, admission date, Mental Health Act (MHA) status etc. An electronic copy was discovered partially completed.</p>	<p>Following the inspection visit we have now completed an electronic admission pack which is available on the nurse's computer for all new admissions. Further to this we have arranged training for all staff so that they are aware of what they need to complete immediately that any patient is admitted.</p>	<p>Hospital Manager, Senior Nurses</p>	<p>September 2014 Ongoing</p>	<p>The new electronic admission file is being introduced and staff are being trained. The hospital manager and senior nurses will audit all files of new admissions shortly after admission.</p>	

B)	There were no risk assessments/care plans formulated for patient A.	See response in Care Documentation section A.	Hospital Manager, Senior Nurses	September 2014 Ongoing		
C)	Patient A was placed on 1:1 observations but no care plan was in place.	See response in Care Documentation section A.	Hospital Manager Senior Nurses	September 2014 Ongoing		
D)	There was no care plan for patient B regarding visits to St David's by his mother and her friend.	Although there was no care plan in place in the patients file, there was a management plan in place in the nurses' office and on the staff notice board. We have arranged meetings with the patient's mother and her friend to try to resolve some of the issues that have been problematic and so build bridges.	Hospital Manager Members of the MDT	September 2014	Letters have been written to the individuals concerned regarding a meeting which is hoped will happen in the near future.	
E)	The weight management care plan for patient C lacked specific goals around his target weight.	This care plan has now been reviewed for this patient and he has been in consultation with the dietician and a target weight has been agreed with him.	Members of the MDT, Nursing Staff, Dietician	August 2014 Ongoing	Patient is happy with the consultation and the agreed care plan	
F)	There was poor evaluation undertaken on the health care and weight management plan for patient C.	The health care plan has now been reviewed with the patient by his primary nurse and a weight management plan agreed and this is now on file.	Members of the MDT Nursing Staff Dietician	August 2014 Ongoing	Patient is happy with the consultation and the agreed care plan	
G)	Inappropriate comments in the Multi-Disciplinary Team (MDT) clinical record for patient C that had been subsequently crossed out.	This issue which has now been addressed with and the member of staff concerned by the hospital manager. The staff member has been placed on a defensible documentation and report writing course.	Hospital Manager, Member of Staff	August 2014 Ongoing	Member of staff apologised for their inappropriate comments and has attended the report writing course.	

H)	There was no discharge care plan in place for patient C.	At the time of the visit this patient was someone who had been transferred to St David's from Glyn Rhosyn due to being involved in a POVA incident. This incident still is the subject of a police investigation with possible court proceedings to follow. Once we have details on future proceedings we will be able to formulate an appropriate discharge plan for this patient.	Hospital Manager, Members of the MDT, Care Coordinator Commissioners	September 2014 Ongoing	We are still waiting for the CPS to inform us of the outcome of their investigations.	
I)	Care plans for patient C did not reflect the MDT process.	We are mindful of the comments made by the inspectorate and will move to ensure that going forward this is reflected in the MDT process.	Hospital Manager, Members of the MDT, Senior Nurses	September 2014 Ongoing	We have had a meeting with members of the MDT and have arranged a further follow up meeting to ensure that we can reflect the MDT process in Care Plans	
J)	Patient D was on 1:1 observations but the care plan stated level 2, 15 minute observations.	We apologise for this omission and the primary nurse concerned has been spoken with regarding her oversight. This care plan has now been amended to reflect the correct level of observation.	Hospital Manager, Senior Nurses, Primary Nurse	Immediately	Completed	
K)	There was a lack of patient and staff signatures on care plans for patient D.	This nurse has been spoken with regarding this matter and in her defence she had just reprinted all of his care plans after review and was in the process of getting the patient who is very compliant to sign all of the care plans following discussion with him.	Hospital Manager, Senior Nurses, Primary Nurse	Immediately	Completed	

L)	Care plans for patient D did not reflect the MDT process, for example the discussion and decision of 1:1 observations for this patient.	We are mindful of the comments made by the inspectorate and will move to ensure that going forward this is reflected in the MDT process. There had been full discussion with the patient by the MDT regarding his observation levels as this occurred after an incident which was referred to POVA.	Hospital Manager, Members of the MDT, Patient D	Immediately Ongoing	We have had a meeting with members of the MDT and have arranged a further follow up meeting to ensure that we can reflect the MDT process in Care Plans	
M)	The diabetic monitoring care plan for patient D lacked sufficient detail in terms of monitoring the condition.	We have now reviewed this care plan and a more detailed care plan is now in situ following discussion with the diabetic liaison nurse.	Primary Nurse, Diabetic Nurse, MDT	Immediately	Patient is happy with the consultation and the agreed care plan. Completed.	
4	Two patients stated that they were not aware of their care plans and that they were not involved in their formulation. All patients must be aware and given the opportunity to have input into their care plans and provided with a copy if requested.	Whilst acknowledging that this is information that was given to the inspectors at the time, we would contest the accuracy of the comments made. All patients are involved in their care planning process and this is fully discussed with them in the MDT. Further to this patients are also given easy read versions of care plans if they so request this.	Hospital Manager, MDT Members, Primary Nurses	Ongoing		

5	<p>Positive Behavioural Support plans must be introduced for all patients. They are an Internationally accepted approach and have been adopted by numerous recognised authoritative bodies for their strengths and successes.</p>	<p>We have been looking at introducing Positive Behavioural Support Plans for patients at St David's and there is a working group which is looking at doing this and the group includes two patient representatives. We will be introducing this soon and we will also be ensuring that all staff have training to develop their knowledge and skills in doing this.</p>	<p>Hospital Manager. Members of the MDT, Clinical Nurse, Specialist Hospital Staff</p>	<p>October 2014 Ongoing</p>	<p>There is a series of ongoing meetings to ensure that we do this correctly and that we provide training for staff members and patients.</p>	
6	<p>Two patients (E/F) have been in the hospital since 2005 and 2008 respectively. A review of these patients is required to determine the continued appropriateness of the placement.</p>	<p>All patients are reviewed on a three monthly basis at CPA/CTP meetings with their care coordinators and commissioners. It is not our intention to retain patients for longer than is necessary and our approach is to discharge as soon as is possible to suitable step down facilities. Indeed in the last year St David's discharged eight patients to suitable non hospital placements following their treatment. Regarding the two gentlemen concerned, they have specific issues with a considerable degree of risk which creates difficulty in finding suitable onward placements. They have done exceedingly well at St David's but still present with some major risk management issues. However we are mindful of the inspectorates concerns and have made this known to the commissioners concerned and have requested a further meeting to look at this matter of concern for the inspectorate.</p>	<p>Hospital Manager Psychiatrist MDT Members Care Coordinators Commissioners</p>	<p>Ongoing</p>	<p>We have requested a further meeting to review these two individual cases and this will happen in the near future.</p>	

7	<p>The available information to confirm the knowledge and experience of agency staff was variable. Some agency staff did not have any experience documented to ensure they had the rights skills for the patients at St David's.</p> <p>Comprehensive information must be available for all agency staff.</p>	<p>We are pursuing this matter and have contacted the agencies concerned to ensure that they provide the relevant information to our support services manager and administration department. We only use two agencies as a matter of course and have regular meetings with them to ensure that they provide staff with the relevant training to work at St David's.</p>	<p>Hospital Manager, Support Services Manager, Designated Agencies</p>	<p>Immediately Ongoing</p>	<p>Both regular agencies that we use have been contacted and have agreed to supply us with the information required.</p>	
8	<p>Some induction forms for newly appointed staff, agency and bank staff contained no dates, no staff signatures and were only partially completed. The induction of all staff must be fully documented.</p>	<p>This matter is now being addressed by our administration department. Senior Nurses and nursing staff have been directed that they must complete all of the induction documentation for staff and that this must be completed and signed in all cases.</p>	<p>Support Services Manager, Senior Nurses, Nursing Staff</p>	<p>Immediately Ongoing</p>	<p>All files are being audited regarding local induction of staff</p>	
9	<p>There remains a lack of a consistent supervision system in place. A robust supervision system must be implemented for all staff.</p>	<p>The supervision of staff remains a priority and the hospital manager has now reviewed this with senior nursing staff to ensure that this happens and that all staff receive supervision. This will be monitored through our monthly clinical governance meetings. All staff have been made aware of this also at the monthly staff meetings.</p>	<p>Hospital Manager, Senior Nurses, Nursing Staff, Support Workers, Admin Staff, Ancillary Staff</p>	<p>Immediately Ongoing</p>	<p>All staff have been reminded that they need to attend supervision. Staff in senior positions will ensure that this happens and this will be monitored by the hospital manager.</p>	

10	The hospital's environment continues to require a considerable degree of refurbishment. The ongoing programme of refurbishment must continue.	On the week following the inspectorate visit a planned meeting was held regarding the refurbishment and invitations for tenders have been sent out for the major works with the expectation that this work will continue at pace from September 2014.	MHC Stream Manager, Head of Estates Hospital Manager, Project Team	September 2014 Ongoing	There is a commitment to ensure that the refurbishment works are prioritised for St David's Hospital by the MHC Board	
11	During our visit four patients were on 1:1 observations which seemed excessive for a locked rehabilitation service. The registered manager must look at the patient mix to ensure patients admitted to St David's hospital adhere to the conditions of registration to enable a consistent rehabilitation environment, enabling patients to bridge the gap between hospital and community living.	This is something that is constantly under review especially when assessments are carried out for possible new admissions for the hospital. The patients have a wide and varied range of illness and are patients that present with challenging behaviour and so for their and others safety we do utilise 1-1 observations to ensure that they can progress through the care pathway and be able to have a forward care pathway that allows them to achieve appropriate levels of functioning. Two of the patients that were on 1-1 were on this level to assist them in prevention of incidents and the development of skills to allow them to function without this level of supervision in the future.	Members of the MDT, Hospital Manager, Stream Manager	Ongoing	The current philosophy and care of patients will be reviewed in line with the comments made by HIW on their visit	

Mental Health Act Monitoring The Administration of the Act	The inspectorate Group inspected mental health act documentation and made some very positive comments on noteworthy practice	We thank the inspectors for their comments on our mental health documentation and administration of the act. We would also like to acknowledge the work carried out by our mental health act administrator in ensuring that documentation and procedures are of a very high standard.	Hospital Manager, Mental Health Act Administrator, MDT Members	Ongoing		
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