



HEALTHCARE INSPECTORATE WALES (HIW)

Unannounced Dignity and Essential Care Inspection RGH
– February 2012

Action Plan

Wards B3 (CoTE) and B6 (Stroke), RGH

Ward Environment

HIW RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.2</p> <p>The Health Board should ensure that measures are put in place to inform others of care and treatment taking place behind closed curtains</p>	<p>The Health Board Dignity Action Plan states that Dignity Signs and Pegs will be in place across all Wards.</p> <p>Ward Sisters need to ensure that the Dignity Signs and Pegs are available and used.</p>	<p>Ward Sisters</p>	<p>Reminders have been circulated to all Divisions and an internal review of compliance has been undertaken as part of the Internal Audit 'Ward Reviews' of Dignity and Fundamentals of Care (June 2012). The draft report will be received by the Executive Team in November 2012</p>	<p>November '12</p>

HIW RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.3 and 3.39</p> <p>The Health Board should review storage arrangements on Wards</p>	<p>Lack of storage can be an issue for some Wards and Departments, exacerbated by the age/design of buildings.</p> <p>The Health Board is rolling out 'Transforming Care,' one of the modules is the 'Well Organised Ward' (WOW). This enables de-cluttering and best use of space.</p>	<p>Ward Sisters and Senior Nurses, supported by Transforming Care Facilitators</p>	<p>The Well Organised Ward (WOW) module is being introduced across the Health Board as part of the Transforming Care initiative; review of storage is a component of the module. The introduction of WOW is an action identified in the organisations Dignity Action Plan, and progress is monitored through the Patient Experience Group. All wards within Aneurin Bevan Health Board (ABHB) are currently transforming although it is recognised that individual wards are at varying stages of implementation.</p>	<p>Nov '12</p>

HIW RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.4</p> <p>The Health Board should review:</p> <ul style="list-style-type: none"> ▪ the use of heavy bathroom/toilet doors ▪ the lack of blinds for windows on B3 ▪ The window replacement programme for B Block 	<p>An environmental review will be conducted for B Block, a bid for capital monies to address deficits will be submitted. The age and design of B Block presents specific environmental challenges.</p>	<p>Head of Works and Estates</p>	<p>Since the review was undertaken, the Stroke Unit has transferred from B Block to C Block. A full Ward Environmental Upgrade has been completed in C Block. The availability of window blinds on Ward B3 is subject to review, implementation of any action plans developed following the review will be monitored by the Environment Committee in ABHB.</p>	<p>Oct '12</p>

Staff attitude and ability to carry out dignified care

RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.6</p> <p>The Health Board should review it's current staffing levels to ensure that care is not regularly compromised due to short staffing</p>	<p>The Health Board has undertaken a comprehensive review of staffing levels and participated in the Wales Audit Office Review of Ward Establishments.</p> <p>The Health Board has a staffing deficits reporting method, using SBAR. Any breaches to baseline establishments are reported and discussed in the weekly Variable Pay Meeting, chaired by the Executive Director of Nursing.</p>	<p>Executive Director of Nursing with Divisional Nurses</p>	<p>An internal and an external review (by Wales Audit Office) of nursing establishments has been undertaken. The findings of the reviews were presented to the Executive Team in June 2012.</p> <p>Agreement has been obtained to pilot and evaluate the impact of 'protected management and leadership time' for ward sisters and charge nurses. This will be achieved through a project entitled 'the perfect ward'. Individual wards have been selected from within the scheduled and unscheduled care divisions to take part in a three month pilot study.</p> <p>Performance and other outcome measures have been agreed to inform the evaluation process</p>	<p>Dec '12</p>

<p>R 3.8</p> <p>The Health Board should ensure that all staff on the Wards are wearing Identification Badges</p>	<p>The wearing of Identification Badges features in the All Wales Dress Code and ABHB Uniform Policy.</p> <p>Uniform/Dress Code compliance spot checks will be undertaken by Line Managers with direct challenge to address nonconformity.</p>	<p>All Line Managers</p>	<p>All staff on wards B3 and B6 have been issued with new Identification Badges. Spot checks will be undertaken to maximise compliance with the ABHB Uniform Policy</p>	<p>Oct '12 (via HPE assessment)</p>
<p>R 3.9</p> <p>The Health Board should ensure that patient privacy and dignity is assured during Medical Ward Rounds</p>	<p>The Health Board is participating in the National Work led by the RCP and RCN to identify the principles of an effective ward round, which includes privacy, dignity and confidentiality.</p> <p>The Health Board will embrace the RCP/RCN Principles once published.</p> <p>Medical staff will be reminded of the importance of maintaining patient privacy, dignity and confidentiality during wards</p>	<p>Executive Medical Director</p>	<p>As part of the implementation of the ABHB Dignity Action Plan the nurse in charge of the ward (or an identified nurse acting as coordinator) is required to be present during medical rounds. The nurse will ensure that individual patients' confidentiality, privacy and dignity needs are met. This will be subject to audit; compliance will be reported to the Nurse Director.</p> <p>Maintaining privacy and dignity also forms a key part of the Royal College of Nursing / Royal College of Physicians 'ward round' project; Underpinning 'Principles' have been developed for consultation and ABHB has identified a pilot site to test application in practice.</p>	<p>March '13</p>

<p>R 3.10 and 3.14</p> <p>The Health Board should ensure that all staff are aware of the importance of fully involving patients (and their carers, where appropriate) in their care and treatment and updates are provided regarding the patients' condition and progress</p>	<p>The Health Board agrees that this is fundamental. The picture of general compliance to patient engagement will be reviewed as part of the Fundamentals of Care Annual Audit.</p>	<p>Executive Directors: Nursing, Medical and Therapies</p>	<p>Posters detailing the 'Ten Alerts for Patients' Families' have been developed and distributed across the organisation (and are available for download via the ABHB Dignified Care intranet pages). The posters are designed to prompt patient families to ask questions about their relatives care. The Health Board measures how involved patients/cares are in their care planning through the all Wales Fundamentals of Care (FoC) Audit (question 16 specifically addresses this). The FoC results for 2012 has shown improvement across the organisation (98.4%).</p>	<p>Nov '12</p>
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Care Planning and Provision, Records Management and Discharge Planning

RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.11, 3.12, 3.13, 3.23</p> <p>The Health Board should ensure that all patients have care plans which are adapted to specific patient needs based on outcomes of relevant assessments and that these assessments and care plans are regularly reviewed, updated and communicated, with the patients' preferred language specified.</p>	<p>The picture of general compliance to record keeping standards, to include assessments and care planning will be reviewed as part of the Fundamentals of Care Annual Audit and Nursing Metrics (ref: Pressure Ulcers and Nutrition)</p>	<p>Executive Director of Nursing with Divisional Nurses</p>	<p>An audit of care planning will be undertaken by the end of October 2012 across the organisation. Recommendations from the all Wales review will be fully implemented.</p>	<p>Nov '12</p>
	<p>Documentation is being reviewed on an All Wales basis, ABHB are fully involved in this work-stream.</p>	<p>Ward Sisters</p>	<p>Metrics data is reviewed monthly by the Divisional Nurses and appropriate action taken.</p>	<p>Feb '13</p>
<p>R 24</p> <p>Personal/hygiene care and general care provision should be documented</p>	<p>Real Time Documentation and 'I CARE' are being introduced as part of 'Transforming Care. Real Time documentation is aligned to the Fundamentals of Care and therefore should ensure that all care provision is documented in a timely manner.</p>	<p>Ward Sisters</p>	<p>An ABHB Documentation Task and Finish Group has been established. This group is led by the Assistant Director of Nursing and has representatives from all Divisions across the Health Board. The purpose of the group is to further improve record keeping standards and introduce</p>	<p>Nov '12</p>

	<p>Weekly Documentation spot checks will be completed by the Ward Sisters on B3 and the Stroke Unit to provide assurance that all patients have timely assessments, individual care plans and that the evaluations of care are robust and compliant with NMC Record Keeping Standards.</p> <p>The Senior Nurse for Ward B3 and the Stroke Unit will undertake monthly Documentation Spot Checks</p>	<p>Ward Sisters</p> <p>Senior Nurse</p>	<p>record keeping training for Nurses.</p> <p>In place</p> <p>In place</p>	<p>Dec '12</p> <p>Dec '12</p>
<p>R 3.33</p> <p>The Health Board should ensure that all care and treatment provided to patients is routinely documented in the patients' notes.</p>	<p>Real Time Documentation and 'I CARE' are being introduced as part of 'Transforming Care. Real Time documentation is aligned to the Fundamentals of Care and therefore should ensure that all care provision is documented in a timely manner.</p>	<p>Ward Sisters</p>	<p>Real Time Documentation has been introduced as part of the Transforming care initiative. This means that care is documented immediately after being delivered. An audit of care planning will be undertaken across the organisation by the end of October 2012.</p>	<p>Nov '12</p>

<p>R 3.16</p> <p>The Health Board should ensure that patients requiring end of life care are recognised and commenced on the end of life pathway in a timely manner</p>	<p>The MDT, led by the Consultant, should determine whether commencement of an 'end of life pathway' is necessary.</p> <p>End of Life Pathway compliance is monitored via the Palliative Care Team, with annual reports to the Quality and Patient Safety Committee.</p>	<p>Executive Medical Director</p>	<p>The Health Board ran a multidisciplinary End of Life Conference in May 2012. The Conference, entitled 'Beginning at the End' was well attended and will hopefully become an annual event. The Health Board monitors how many nurses have undertaken end of life pathway training through the Fundamentals of Care Audit.</p>	<p>April '13</p>
<p>R 3.23</p> <p>The Health Board should ensure that all patients at risk of developing pressure ulcers receive the necessary Risk Assessments and that these are up to date</p>	<p>Eradication of Hospital Acquired Pressure Ulcers is a high priority for the Health Board, with Incidence Rates reported to the Board and currently one of the lowest in Wales.</p> <p>The SKIN Bundle has been rolled out to all in-patient areas.</p> <p>Ward Sisters will ensure that the Waterlow Pressure Ulcer Risk Assessment is completed on admission and updated regularly based on individual patient requirements.</p>	<p>Ward Sisters</p>	<p>ABHB is proactive in pressure ulcer prevention and has rolled out the 'SKIN Bundle' across all wards. Root cause analysis is undertaken in respect of hospital acquired pressure ulcers to learn lessons and change practice. In September 2012 the ABHB incidence rate was 0.06% which is below the Welsh average.</p>	<p>Monthly</p>

	Compliance with Risk Assessment will be reviewed by Divisional Nurses via the All Wales Metrics/Dashboard.	Divisional Nurses		
<p>R 3.32</p> <p>The Health Board should ensure that after identifying that a patient is in pain that a pain assessment is undertaken immediately with a plan of action which is reviewed.</p>	<p>The Health Board has introduced a simple, visual pain assessment tool (scale 1 – 3), this is being incorporated into the revised Nursing Admission Documentation.</p> <p>Ward Sisters will ensure that pain assessments are conducted and re-assessed for patients in pain.</p>	Ward Sisters	<p>ABHB monitors whether ward staff have documented that pain has been reviewed and evaluation through the Fundamentals of Care Audit. Compliance is reported to the Nurse Director and the Board. Work has also been undertaken to develop and implement specific pain assessments for patients who have dementia or other conditions that might affect ability to communicate pain to ward staff. Further work is required to ensure this good practice is widely adopted across the Health Board</p>	Nov '12

<p>R 3.35</p> <p>The Health Board should ensure that patients and where appropriate their relatives are fully involved in the discharge planning process.</p>	<p>A strategic change programme, led by the Medical Director, which is examining Length of Stay and Discharge Planning processes.</p> <p>Nurses will be reminded of the importance of involving patients in care planning, treatment plans and discharge plans, with effective communication.</p>	<p>Executive Medical Director</p> <p>Divisional Nurses</p>	<p>Discharge planning workshops have been facilitated for sisters and senior nurses by NLIAH (2011). A Passing the Baton Discharge Group has been established, work is ongoing to develop a 'discharge pathway.' A snap shot audit of compliance with the requirements of 'Passing the Baton' and identification of an expected discharge date (EDD) has been undertaken and reported to the ABHB Unscheduled Care Transformation Board.</p>	<p>March '13</p> <p>Oct '12</p>
<p>R 3.17</p> <p>The Health Board should ensure that all patients who can mobilise out of bed are encouraged and supported to do so.</p>	<p>Mobility will be assessed as part of the activities of living assessment on admission and throughout the in-patient episode of care. The Nurse should instigate multidisciplinary involvement based on the initial assessment and ensure appropriate, individualised care planning.</p>	<p>Ward Sisters</p>	<p>The ABHB expectation is that mobility is assessed on admission and reviewed during the in-patient episode of care. The multidisciplinary team should be involved when clinically indicated</p>	<p>Nov '12</p>

<p>R 3.15</p> <p>The Health Board should ensure that a system is in place to capture the patient story/information</p>	<p>This relates to the lack of evidence of coherent assessment processes, promoting a person-centred approach. The Health Board believes that this will be addressed by a formal review/amendment of the Nursing Admission documentation which will ensure a focus on pre-admission lifestyle.</p>	<p>Assistant Director of Nursing</p>	<p>An ABHB Documentation Task and Finish Group has been established. This group is led by the Assistant Director of Nursing and aims to improve record keeping standards overall. There are examples of good practice evident across ABHB including introduction of the 'This is Me' assessment Tool. This is Me' has been adopted in all wards implementing the intelligent targets for dementia care (to improve the care experience of people with dementia in general hospital settings).</p>	<p>Feb '13</p>
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Fluid and Nutrition

RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.18 and 3.19</p> <p>The Health Board should ensure that:</p> <ul style="list-style-type: none"> ▪ all patients are positioned appropriately before mealtimes to ensure they are able to eat their food in a comfortable position; ▪ all patients are provided with the opportunity to wash their hands pre-meals 	<p>The roles and responsibilities of Ward Staff have been clearly outlined in the ABHB Protected Mealtimes Policy (2010); this includes the Nurses' role for ensuring that patients are prepared for mealtime: positioning, hand-hygiene, cleanliness and de-cluttering of the environment.</p> <p>The Ward Sister (Nurse in Charge of each Shift) will ensure that the Protected Mealtimes policy is enforced with specific emphasis on patient and environmental preparation for mealtimes</p>	<p>Executive Director of Nursing with Divisional Nurses</p> <p>Ward Sisters</p>	<p>Divisional Nurses within Scheduled and Unscheduled Care have recently undertaken a review of 'Protected mealtimes.' In Nevill Hall Hospital (NHH) this was undertaken with the assistance of the Community Health Council. The results of the review and associated action plans will be presented to the Clinical Nutrition Steering Group.</p> <p>Ward Sisters are responsible for ensuring that the Protected Mealtime Policy is implemented in their areas of responsibility, and compliance is monitored through the Fundamentals of Care</p>	<p>Nov '12</p> <p>Nov '12</p>

			Audit process. ABHB organisation wide results currently are 89.2% for preparation of the environment and 96.6% assistance for patients	
<p>R 3.7, 3.20, 3.22, 3.34</p> <p>The Health Board should ensure that patients requiring assistance to eat their food are provided with help in a timely manner by an appropriate member of staff.</p> <p>Fluids should be regularly replenished and in-reach with intake/output monitored for patients at risk.</p>	<p>The Health Board received positive feedback from the Wales Audit Office Review of Catering and Nutrition (2010) with the Action Plan remaining current and subject to regular WG review.</p> <p>The Health Board has produced an Action Plan to ensure full compliance to the All Wales Catering and Nutrition Standards for Food and Fluid for Hospital Patients by 2013), this includes fluid replenishment standards.</p> <p>Ward Sisters will remind their staff of the importance of placing drinks within reach and ensuring regular replenishment of fluids. This will be monitored by Senior Nurses spot-checking.</p> <p>Fluid intake and output will be monitored and recorded robustly for patients at risk.</p>	<p>Executive Director of Nursing and Chief Operating Officer</p> <p>Ward Sisters</p> <p>Ward Sisters</p>	<p>The All Wales Catering and Nutrition Standards' Action Plan has been presented to the Quality and Patient Safety Committee, with progress noted. There is recognition within ABHB that some Wards require additional support to fully achieve the standards.</p> <p>Adherence to standards in respect of fluid intake and output is monitored through the Fundamentals of Care Audit (ABHB scored</p>	<p>March 2013</p> <p>Nov '12</p> <p>Nov '12</p>

			96.6% in respect of Standard 9 which relates to fluid charts for patients at risk)	
R 3.21 The Health Board should ensure that all food provided to patients on wards is at an appropriate temperature	The Health Board runs a Food Quality Tasting Programme which involves lay people as well as staff members checking food provided to patients. Monthly reviews of food quality are undertaken with results discussed at the Clinical Nutrition Steering group.	Executive Director of Nursing and Chief Operating Officer	Food temperatures will continue to be monitored	March 2013

Personal Care, Hygiene and Toileting

RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.25</p> <p>The Health Board should ensure that patients who need assistance are regularly offered and assisted to wash their hair and this should be documented.</p>	<p>Hair care should form part of fundamental hygiene needs. Nurses will be reminded of the need to ensure hair care for dependent patients</p>	<p>Ward Sisters</p>	<p>Hair washing is a fundamental aspect of hygiene. The Health Board measures activity through the Fundamentals of Care Audit (Standard 8: Personal Hygiene)</p>	<p>Nov '12</p>
<p>R 3.26</p> <p>The Health Board should ensure that it is in the best interest for patients to remain in night clothes or dignity gowns throughout the day and that this is documented.</p>	<p>Clothing preferences should be ascertained throughout admission in discussion with the patient (and family).</p> <p>Preferences should be documented in the patients' plan of care.</p>	<p>Ward Sisters</p>	<p>The Health Board's expectation is that individual patient's preferences will be documented in their plan of care</p>	<p>Nov '12</p>
<p>R 3.27</p> <p>The Health Board should ensure that catheter bags are regularly emptied.</p>	<p>Catheters should be managed as per Health Board Policy. It is not necessary to empty catheters 'regularly', as opening the tap frequently could lead to infection.</p> <p>Catheter care should be clearly identified in the patients care plan and Ward Sisters will be reminded to follow Health Board Policy for Catheter Care and the</p>	<p>Ward Sisters</p>	<p>ABHB sets out its expectations in its Catheter Care Policy and Catheter Pathway. Specialist advice and training is available to ward teams via the ABHB Consultant Nurse led Continence Team</p> <p>Virtual ward rounds are</p>	<p>Oct '12</p>

	Catheter Pathway.		conducted by Continence Nurse Specialists across the organisation to provide expert advice	
R 3.28 The Health Board should ensure that all patients are encouraged and supported to use their toilet method of choice.	Patient choice should be determined during the admission process and throughout their in-patient episode of care.	Ward Sisters	Patient choice is ascertained on admission and reviewed thereafter. When required specialist advice and training is available via the ABHB Consultant Nurse led Continence Team. Performance is measured through the Fundamentals of Care Audit process (Standard 11 relates to 'toileting').	
R 3.29 The Health Board should ensure that all patients on Wards have access to a fully functioning buzzer	The Health Board Dignity Action Plan includes functioning buzzer availability for patients. Ward Sisters need to ensure that functioning buzzers are available and accessible for all patients.	Ward Sisters	Compliance with call bell response standards has been reviewed through an internal audit ('Ward Reviews' of Dignity and Fundamentals of Care) during June 2012. This audit findings included good compliance to call buzzer availability and	Nov '12

			response .	
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Medication Administration

RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.30</p> <p>The Health Board should ensure that medication is not left unattended on patients bedside cabinets</p>	<p>The Nurses' responsibility for medication administration, as per ABHB Policy and NMC Standards will be reinforced.</p>	<p>Ward Sisters</p>	<p>Individual nurses' responsibility for medication administration has been reinforced.</p>	<p>Nov '12</p>
<p>R 3.31</p> <p>The Health Board should ensure that drug trolleys are not left unattended/unlocked</p>	<p>The Nurses' responsibility for medication administration, as per ABHB Policy and NMC Standards will be reinforced.</p>	<p>Ward Sisters</p>	<p>Individual nurses' responsibility for medication administration has been reinforced.</p>	<p>Nov '12</p>

Activities

RECOMMENDATION	COMMENT/ACTION	LEAD RESPONSIBILITY	PROGRESS TO DATE	REVIEW DATE
<p>R 3.36</p> <p>The Health Board should consider ways to provide patients with activities and stimulation throughout their hospital stay</p>	<p>The Health Board has recently introduced 'This is Me' which is being used in a number of Wards. This provides a pen picture of the patient, focussing on patient-centred care and seeing the patient as an individual to include likes/dislikes/preferences etc. This should be incorporated into the care plan.</p> <p>Formal activities and stimulation are also being considered as part of the Dementia Bundle. Positive work has been introduced on Ward C7 East, RGH to include games for patients. This work has received national recognition.</p> <p>Wards B3 and B6 to expedite "This is Me" and the Dementia Bundle</p>	<p>Ward Sisters (Care of the elderly and Stroke) and Senior Nurse</p>	<p>"Wii Fit" has been purchased as a physical activity booster for patients on the Stroke Ward. Work is in progress to develop 'activity boxes' in some clinical areas where individuals with dementia or learning disabilities are cared for. Further work will be required to share this good practice across the organisation.</p>	<p>Dec '12</p>
<p>R 3.38</p> <p>The Health Board should ensure that the Television in the Dayroom on Ward B3 is in working order</p>		<p>Ward Sister</p>	<p>Achieved.</p> <p>A new TV has been purchased which is 42".</p>	<p>-</p>