

Appendix C – Improvement plan

Hospital: Machynlleth Community Hospital

Ward/department: Twymyn Ward

Date of inspection: 30 July 2019

and

Hospital: Llanidloes War Memorial Hospital

Ward/department: Graham Davies Ward

Date of inspection: 31 July 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The health board must engage with the local authority with a view to improving the availability of suitable social care provision in order to facilitate timely patient discharge.	5.1 Timely access	PTHB appointed a clinical lead for unscheduled care to support patient flow in July 2019. There is daily liaison with Social Services to work together to facilitate timely discharges and reduce	Lead for unscheduled care	In Place

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>the number of Delayed Transfers of Care (DTOC) currently on the ward.</p> <p>Lead Unscheduled Care Manager liaises with 3rd sector and local authority colleagues at a strategic level with a view to improving the availability of suitable social care provision.</p> <p>The Patient flow team liaise daily with all wards to discuss discharge arrangements and bed calls are held daily to which local authority are invited.</p> <p>Twice weekly DTOC calls with senior managers in the local authority take place.</p> <p>Senior Nurse for patient flow attends – Ward Sisters Forum providing supportive discharge information.</p>		
<p>The health board must ensure that timely mental capacity assessments are completed for patients requiring a Deprivation of Liberties Safeguards application, and that all supporting documentation is completed to an acceptable standard.</p>	<p>6.2 Peoples rights</p>	<p>A PTHB Deprivation of Liberty Safeguard policy and procedure has been developed to support front line staff incorporating all aspects of Dols Process to be followed currently in ratification stage.</p>	<p>Community Services Manager</p> <p>Assistant Director of Safeguarding</p>	<p>30th November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>The Safeguarding team are supporting the development of a training package for DOLS, which will be rolled out initially to Band 6 and 7's on the ward, with a view to rolling out to all Ward staff in 2020.</p> <p>The safeguarding team are delivering a shortened version of the DoLS training course which is available to all the wards across Powys. The course details the requirements of the DoLS process.</p> <p>An audit tool is being developed which will address the issues raised and is expected to be ready by the end of November.</p> <p>Dols 7 minute briefing poster developed to support staff - to be launched national Safeguarding week November.</p> <p>All Ward Sisters (Within the Managing Authority Wards) to provide a weekly update to the Community Services Managers of the number of patients who are subject to DoLS on their Wards.</p>		<p>March 2020</p> <p>November 2019</p> <p>November 2019</p> <p>Friday 8th November</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The health board should ensure that Putting Things Right posters are displayed on Graham Davies ward.	6.3 Listening and Learning from feedback	Leaflets are available on ward, posters have been placed at the ward entrance for maximum visibility.	Senior Sister	Complete
Delivery of safe and effective care				
The health board must ensure that staff routinely and accurately record pressure ulcer sizes.	2.2 Preventing pressure and tissue damage	<p>Clinical Service Manager to agenda at Senior Sisters meeting to ensure this is carried out and to ascertain whether any additional training is required from the Tissue Viability Nurse Specialists.</p> <p>Ward Sisters to add as regular agenda item at Ward meetings.</p> <p>The feedback to ensure that staff routinely and accurately record pressure ulcer sizes will be discussed at the pressure ulcer scrutiny panel for shared learning.</p>	<p>Community Services Manager</p> <p>Ward Sister</p> <p>Assistant Director Quality & Safety</p>	<p>31st October 2019</p> <p>31st October 2019</p> <p>31st October 2019</p>
The health board must ensure that patients' falls risk assessments are reviewed on a regular basis.	2.3 Falls Prevention	<p>New falls risk assessment format will ensure this is carried out with specified review section.</p> <p>All falls risk assessments are reviewed weekly or following a fall.</p>	Ward Sister	October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Ward Sister to Audit falls risk assessment compliance monthly.		30 th November 2019
The health board must ensure that staff adhere to infection prevention and control policies and procedures at all times and pay particular attention to the correct use of personal protective equipment and effective handwashing.	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Monthly handwashing audits undertaken which includes reference to use of PPE.</p> <p>Ward Sister to remind all staff of Infection Control policy compliance at team meetings, under the standing infection control agenda item.</p> <p>Planned update training by Senior for Infection Control Planned.</p> <p>Ward representation attendance at IC infection Control Link nurse meeting.</p>	Senior Sister	31 st October 2019 31 st October 2019
The health board must ensure that fluid balance charts are completed consistently.	2.5 Nutrition and Hydration	<p>Ward Sister to remind all staff at team meetings that fluid chart are to be completed correctly and used appropriately.</p> <p>Ward Sister to audit the completion of fluid charts and feed back to staff.</p>	Senior Sister	31 st October 2019 30 th November 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that thickening agents are securely stored and produce a policy on the administration and storage of thickening agents.</p>		<p>Medicines management have added Controlled drugs stock check compliance to the monthly audit.</p>		<p>31st October 2019</p>
		<p>PTHB guidance on thickened fluids is available on wards/ departments which states 'thickeners should be kept out of the reach of patients who are deemed to be confused or unable to use the thickener properly'.</p>	<p>Community Services Manager</p>	<p>31st October 2019</p>
		<p>The guidance will be discussed at the Senior Sisters meeting on 11th November, for dissemination to ward staff to ensure confused patients are identified and risk assessments undertaken on individual and surrounding environment.</p>	<p>Medicines Management/SALT</p>	<p>12th November 2019</p>
		<p>Safety alert and guidance recirculated to wards.</p>		<p>Completed</p>
		<p>Advise all ward the use of thickener is captured on the hydration care plan.</p>		<p>31st October 2019</p>
<p>Risks are identified on an individual care plan on all wards.</p>		<p>31st October 2019</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>Patients with capacity will have thickener labelled and accessible on their locker.</p> <p>Thickener will be kept out of reach of confused patients in locked storage room.</p> <p>Discuss at Sisters Forum 11th November for shared learning.</p>		<p>31st October 2019</p> <p>11th November 2019</p>
<p>The health board must ensure that staff monitor and record the temperature daily, within the medication storage room and for the medication fridge.</p>		<p>Thermometer purchased immediately following visit and fridge is being monitored in accordance with policy.</p> <p>Daily room temperature checks are in place recorded on recording sheet for audit purposes.</p>	<p>Senior Sister</p>	<p>Complete</p> <p>Complete</p>
<p>The health board must ensure that formal pain assessment tools are being used on both wards.</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>Planned for an All Wales Pain Management tool to be implemented 2020 as part of the E-docs project.</p> <p>To review current tool used across wards in Powys at next Sisters Forum where all sisters are in attendance - November 11th 2019 to agree an interim tool.</p>	<p>Head of Nursing November</p> <p>Head of Nursing Ward sisters</p>	<p>31st March 2020</p> <p>30th November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board should ensure that all care plans are person centred in format.</p>		<p>Core care plans are used and the format allows the care plan to be individualised.</p> <p>Ward Sister to ensure staff have individualised the care plan to reflect person centred care.</p> <p>Quarterly audits of documentation to be undertaken.</p> <p>Care plans testing of E-Documentation paper version being rolled out.</p> <p>The Documentation audit tool has been update to include the consideration if care plans are individualised to meet patient's needs.</p>	<p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Sister</p>	<p>31st Oct 2019</p> <p>31st Oct 2019</p> <p>30th November 2019</p> <p>March 2020</p> <p>complete October 2019</p>
<p>The health board must ensure that improvements are made to the filing of care records on both wards, to ensure that they are easy to navigate.</p>	<p>3.5 Record keeping</p>	<p>Staff reminded to ensure nursing documentation is filed in patient note folders and dividers for ease of access/reading / recording.</p> <p>This will be monitored through quarterly case note audits as part of the clinical audit cycle.</p>	<p>Ward Sister</p>	<p>31st October 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board must ensure that trolleys containing patient records on Graham Davies ward are locked when not being used.</p>		<p>Works request made for key pad to office door Community Services manager will monitor this through 1:1 and monthly review of HIW Improvement Action Plan.</p> <p>All staff reminded of safe storage of patient information Community Services manager will monitor this through 1:1 and monthly review of HIW Improvement Action Plan.</p> <p>All staff up to date with information governance mandatory training - monitored through ESR mandatory training record.</p> <p>Documentation audit tool captures safe storage of notes</p>	<p>Ward Sister</p>	<p>30th November 2019</p>
<p>Quality of management and leadership</p>				
<p>The health board must ensure that the most up to date audit results are posted on noticeboards on both wards.</p>	<p>Governance, Leadership and Accountability</p>	<p>Notice board – Knowing How We are Doing updated with up to date information.</p>	<p>Ward Sister</p>	<p>October 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Staff must receive DoLS and Mental Health Act training and undertake all other elements of mandatory training.</p>	<p>7.1 Workforce</p>	<p>The Safeguarding team are supporting a training package for DOLS, which will be rolled out initially to Band 6 and 7's on the ward, with a view to rolling out to all Ward staff in 2020.</p>	<p>Assistant Director of Safeguarding</p>	<p>30th March 2020</p>
		<p>A Deprivation of Liberty Safeguard Standard Operating Policy & Procedure has been approved to support front line staff incorporating all aspects of DoLS Process to be followed currently in ratification stage.</p>	<p>Head of Clinical Education</p>	<p>Complete</p>
		<p>Mental Health Act training to be developed corporately for non-mental health staff.</p>	<p>Safeguarding Team</p>	<p>31st December 2019</p>
		<p>E learning Level MCA 1&2 training available to staff work in progress with WoD to add to mandatory training requirements for RN's.</p>		<p>30th November 2019</p>
		<p>Staff reminded and encouraged to undertake their mandatory training.</p>	<p>Ward Sister</p>	<p>30th November 2019</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
		MCA 7 minute briefing poster developed to support staff – to be launched national Safeguarding week November.		30th November 2019
The health board must ensure that all staff undertake all elements of mandatory training.		<p>Monitored via monthly reports from ESR and addressed at team lead meetings.</p> <p>Staff are actively encouraged by ward managers to undertake their training.</p> <p>PCs and quiet areas are made available for staff to undertake this. Where staff are part-time consideration is given to remunerating staff should they wish to come in on their days off.</p> <p>Use of KIT days and phased return to support staff to complete mandatory training.</p>	Community Services Manager/Senior Sisters	31 st October 2019 onwards
Staff PADR documentation must be fully completed, and in particular the 90 day review section.		Monitor via monthly reports from ESR and addressed at team lead meeting to ensure 90 day reviews undertaken.	Community Services Manager/Senior Sisters	31 st October 2019 onwards
Consideration should be given to the less favourable staff responses in the HIW questionnaire, particularly noted in the Quality of		The comments related to the following Senior leadership from each locality will hold a Meet the Staff Open Session,	Director of Nursing	31 st October 2019

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Management and Leadership section of this report, and take action to address the issues highlighted.</p>		<p>accompanied by a member of the Directorate management team to all sites every 6 months.</p> <p>Ensuring that all staff are made aware of changes in Health and care Standards.</p> <p>That all staff receive their PADR annually.</p> <p>That manager ensure they take a positive approach to the health and wellbeing of the staff they directly manage.</p> <p>That staff are wherever possible included in decision making processes.</p> <p>That staffing is at such a level that staff feel they have time to do their job properly.</p> <p>That the organisation acts fairly in respect of career progression and promotion regardless of ethnicity, gender, religion, sexual orientation, disability or age.</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>The findings of this HIW inspection will be shared with all Ward Sisters and Community Service Managers.</p> <p>The Findings of this audit will be tested against current Ward Assurance Mapping Tools.</p> <p>This is to be addressed through a number of mechanisms and departments Staff side representation, Workforce and Organisational Development, CSMs/team leads.</p>		<p>30th November 2019</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Anita Davies

Job role: Head of Nursing

Date: 28/10/2019