



**ACTION PLAN IN RESPONSE TO THE HEALTHCARE INSPECTORATE WALES DIGNITY AND ESSENTIAL CARE  
INSPECTION WARDS B7 AND A6 NORTH, UNIVERSITY HOSPITAL OF WALES**

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
<b>1. WARD ENVIRONMENT</b>				
(1.1)The Health Board should ensure that all staff are aware of the importance of ensuring bedside curtains are fully closed when providing treatment and personal care to patients	<b>B7</b>	(a) To re-order Dignity pegs, as there are insufficient quantities remaining on the ward.	Ward Sister	<b>Completed</b> Dignity pegs were ordered and in place by July 1 <sup>st</sup> 2013. All staff on the ward were reminded of the need to ensure curtains are completely closed to maintain patient's dignity and privacy at all times.
		(b) The Health Board Nursing Ward Visiting Guidance Tool to be used by in- patient Senior Nurses to monitor compliance (UHB wide) of the use of bedside curtains and relevant privacy tools. Findings from this monitoring approach to be reported through directorate	Senior Nurses in each Clinical Board	A schedule of dignity monitoring to be developed for 2013/2014 and implemented with effect from November 2013.  <b>Timescale:</b> November 2013

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		Quality and Safety Groups.		
(1.2)The Health Board should ensure that measures are in place to inform others of personal care and treatment is being provided to patients so that the dignity of the patients is maintained	<b>B7 and A6</b>	(a) Ward teams to be reminded of the importance of maintaining dignity/ use of dignity pegs	Ward Sister	<p><b>B7 – completed</b> The use of dignity pegs attached to the curtains on all patients during this time will serve as an alert. This was discussed at multi-disciplinary ward meetings and during the ward rounds which are accompanied by a nurse</p> <p><b>A6 – Completed</b> “Personal care in progress” laminated signs are now in use to clip bed-area curtains closed.</p>
		(b) 2 Minutes of your time patient questionnaire result to be reviewed to inform level of compliance	Lead nurse	<p><b>Completed</b> The results from the “2 mintues of your time” patient questionnaire are received by the Divisional Quality and Safety meeting on a monthly basis.</p>
		(c) Fundamentals of Care audit results to be reviewed to inform compliance	Lead Nurses in each Clinical Board	Fundaments of care audits were completed by the end of August 2012 and re auditing will commence in October 2013. A report will be

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				<p>provided to the Board in January 2014.</p> <p><b>Timescale:</b> January 2014</p>
(1.3) The Health Board should review the storage arrangements on A6 to ensure that equipment can be stored appropriately	<p><b>A6</b> Clutter throughout the main ward, especially main corridor</p>	Only necessary medical equipment to be stored in corridor.	Ward Sister	<p><b>COMPLETED</b> Review of environment in progress in order to identify options for storage.</p>
(1.4) The Health Board should ensure that that all toilets are designated and that staff encourage patients to use correct toilets	<p><b>A6</b> Signs not displayed on all doors. Both sexes using males designated toilet</p>	Signage to clearly identify male and female toilet/bathrooms.	Ward Sister	<p><b>COMPLETED</b> Issue being addressed at ward level as part of dementia care improvement work-stream</p>
		Standardised signage to be agreed and installed in all wards within the Health Board.	Assistant Director of Capital and Assets/ Estates Control Manager	<p>The UHB Wayfinding group is providing a Health Board wide review of the provision of signage. A patient/service user survey is being constructed to inform the development of a work/implementation plan. <b>Timescale:</b> Review progress December 2013.</p>

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<b>2. Staff Attitude, Behaviours and Ability to Carry out Dignified care</b>				
(2.1) The Health Board should review its current staffing levels on B7 to ensure that they are sufficient when the ward is at full capacity and/or when there is a higher level of patient acuity.	<b>B7</b> Concerns as to whether staffing levels would be sufficient with the ward at full capacity.	Review of staffing levels	Lead Nurse in collaboration with the Clinical Board Nurse	<b>Completed</b> The ward establishment had been reviewed and guidelines developed regarding the maximum number of high acuity patients that can be cared for within agreed staffing establishment. In addition staffing has been uplifted since the time of the inspection.  Further review regarding the establishment on B7 continues in line with the All-Wales Staffing Principles Guidance issued by the Chief Nursing Officer for Wales.  <b>Timescale:</b> September 2013.
(2.2) The Health Board should ensure that all staff are wearing ID badges as a means to identify themselves whilst on duty	<b>B7 and A6</b> Not all staff wore ID badges	Health Board Ward Visiting Guidance Tool to be used by the Senior Nurses to monitor compliance with the	Senior Nurses	The Ward Visiting Guidance Tool has been adopted across the UHB since December 2012 and will

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		wearing of ID badges at ward/team level.		<p>continue to be used to monitor compliance with wearing of ID badges. The Executive Nurse Director will monitor compliance of this standard through the professional standards performance framework currently under development.</p> <p><b>Timescale:</b> Annual review with effect from October 2013.</p>
		The importance of wearing ID badges to be reinforced to all members of the MDT. Spot checks to be undertaken and findings reported to the relevant professional Head/Lead of service.	Executive Nurse Director/ Clinical Board Nurses	<p><b>Completed</b></p> <p>All staff has since been reminded of the need to be displaying their ID badge at all times. Spot checks will continue to be undertaken throughout 2013/2014 by the Senior Nurse using the Ward Visiting Guidance Tool and through the Executive walk rounds.</p> <p><b>Timescale:</b> To be reviewed March 2014</p>
(2.3) The Health Board should	<b>A6</b> Observed medical	Medical staff to be	Clinical Directors	<b>Completed</b> Specific incident

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ensure that staff who carry out medical rounds do in a discreet and sensitive manner to maintain privacy and dignity	staff communicating sensitive information loudly	reminded of the importance of being discreet during ward rounds.		discussed with Clinical Director. Nursing staff to advocate in such situations in future.
		Ward round audit to be undertaken by the Medical Staff	Clinical Directors	<p>Ward round audit tool was circulated to all Clinical Directors across the UHB so that dignity and respect of patients during ward rounds can be measured, and for improvement plans to be developed if necessary.</p> <p>The audit tool was circulated in September 2012, and will be recirculated for completion. Audit outcomes will be reviewed.</p> <p><b>Timescale:</b> December 2013.</p>
<b>3. Management of Patients with confusion or dementia</b>				
(3.1) The Health Board should ensure that there are large pictorial signs available on patient facilities such as bathrooms and toilets	<b>B7 and A6</b> No pictorial signs on patients bathroom/shower rooms to assist patients, especially those with confusion or	Work in partnership with RNIB to explore options to enhance the care environment for those with a sensory impairment including Dementia.	Consultant Nurse Older Vulnerable Adults/ Service Development Sister, Medicine	<b>A6 north – completed</b> Work has commenced as part of the refurbishment programme with a view to a corporate approach  Aim to start spreading

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	dementia locating them			<p>best practice and lessons learnt in relation to door signage in September 2013.</p> <p>RNIB are currently commissioned by Welsh Government for two key pieces of work;</p> <ul style="list-style-type: none"> <li>• Learning Disability &amp; Environment. Due in 6 months</li> <li>• Sight loss, Dementia and Environment.</li> </ul> <p>A good practice guide will be published in June 2013 and this will be used to inform the approach adopted with in the Health Board.</p> <p><b>Timescale:</b> Review September 2013</p>
(3.2) The Health Board should provide dementia awareness training to staff	<p><b>B7</b></p> <p>Staff had not received training and would welcome opportunity to access dementia training</p>	To provide training to ward staff.	Ward Sister/training co-ordinator Medicine Directorate	7 ward staff have undertaken the dementia training since the inspection and more are planned to undertake this training over the coming months. A training schedule is in place and staff will be allocated places on a phased basis during 2013/2014.

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				<p>Ward B7 now has nominated link nurses for the Butterfly scheme which is being embedded into practice.</p> <p><b>Timescale:</b> To be reviewed in December 2013</p> <p><b>Complete</b> The UHB has developed a framework for dementia training. Training records are held by the Learning and Education Department.</p>
<b>4. Care Planning and Provision</b>				
(4.1) The Health Board should ensure that patients receive the appropriate assessment in relation to their condition	<p><b>B7</b></p> <p>One patient had several wounds, but no wound assessment chart</p>	A review of patient documentation is being undertaken	Ward Sister Senior nurse	<p>The UHB has commenced a review of patient documentation to ensure that it reaches the standard outlined by the All Wales Documentation Group. The first pilot has commenced and roll out is pending results.</p> <p><b>Timescale:</b> Documentation review will be completed and</p>



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				amendments implemented by April 2014.
		The Ward Visiting Guidance Tool will be used by the Senior Nurse to monitor the standard of documentation	Senior Nurse	<b>Completed</b> Monitoring has commenced.
(4.2) The Health Board should ensure that patient assessments are fully completed by staff and inform the patients care plan on a routine basis	<b>B7</b> Assessments not always updated and not apparent how assessments were linked to patients.	Ward Visiting Guidance Tool to be used by the Senior Nurse to review the standard of documentation.	Ward Sister/ Senior nurse	Ward Visiting Guidance Tool has been used to assess and monitor standard of documentation in B7 and areas for improvement identified. Monitoring continues and will be reviewed in January 2014 when FOC audit report is completed.
	<b>A6</b> Care plans were not consistent with the patient assessments. Care plans were not evaluated. Care plans were generic and did not detail individual patient progress	A review of documentation has commenced to include care plans.	Ward Sister/Senior Nurse  Executive Nurse Director/Senior Nurse Standards and Professional Regulation	A documentation review undertaken in December 2012- March 2013 identified that care plans required review and updating.  As detailed below there is a UHB group established to review all nursing documentation and core care plan

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				<p>design and content. First meeting of the group arranged for Friday 14<sup>th</sup> June.</p> <p><b>Timescale:</b> Progress review received in September 2013 by Clinical Standards Group and further review is scheduled for January 2014</p>
		<p>Ward Sister to remind staff of the importance of reviewing and updating care plans</p>		<p><b>Completed</b></p> <p>The existing care plans need to be reviewed and updated until replaced. This has been discussed at recent ward meetings and documentation audits performed by the Senior Nurses will continue to monitor compliance and areas for improvement.</p> <p>The ward has also introduced real time documentation.</p>
<p>(4.3)The Health Board should ensure that all in- patients have care plans which are adapted to</p>	<p><b>B7 and A6</b> Care plans were generic and did not detail the</p>	<p>To work with, inform, test and implement agreed UHB standards for care</p>	<p>Executive Nurse Director</p>	<p>The Clinical Standards and Innovation Group has established a Task</p>

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specific patient needs and that there care plans are regularly evaluated	specific needs of individual patients. Limited evidence to show that any evaluation of care being undertaken	planning as determined by the Clinical Standards and Innovation Group for documentation - Care plan reviews.	Designated Clinical Board lead/Clinical Standards representative	and Finish group to review all existing core care plans and identify and agreed template and standard for an revised or new core care plans. The aim of the work is to ensure that the care plans used within C&V UHB meet a an All Wales standard allowing for individualisation to meet the persons care needs, are fit for purpose in line with MDT care planning.  <b>Timescale:</b> For review September 2013 with completion scheduled by April 2014
	<b>A6</b> Non spinal patients did not have care plans	All patients will have an individualised plan of care in place	Ward Sister/ Practice Nurse Educator	<b>COMPLETED</b> Care plan review activity was undertaken to ensure all care plans comply with UHB guidance. Care plans are now available for all patients.
<b>5. Records Management</b>				
(5.1)The Health Board should ensure that patients notes are	<b>B7</b> Documentation completed	Ward Sister to undertake documentation audits and	Ward Sister	Audits planned to start immediately and

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completed immediately by staff following care and treatment.	retrospectively.  Provision of personal care was not consistently documented by staff	discuss outcomes with staff.		education sessions to be delivered during July 2013. Areas for improvement are being raised with the individual concerned. Education sessions regarding the importance of accurate and timely documentation will be held on the ward.  <b>Timescale:</b> Progress will be reviewed in September 2013
	<b>A6</b> Food and fluid charts were not routinely fully completed by staff	Ward Visiting Guidance Tool used to be used by the Senior Nurse and Deputy Ward Sister to review the standard of documentation.	Senior nurse/ Ward Sister	<b>Completed</b> Spot audits of documentation compliance and quality being undertaken monthly by Deputy Ward Manager and Senior Nurse
		Ward Sister to remind all staff of the importance of completing food and fluid charts		<b>Completed</b> Ward Sister reminded all staff of the importance of completing food and fluid charts in the June 2013 ward meeting  Ward Sister has also introduced a named person system for

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				checking the charts on a daily basis as a means of improving compliance
(5.2)The Health Board should ensure that all DNAR forms are fully completed and evidence discussions with the patient and /or the patient's family	<b>B7</b> Staff unaware a decision for DNAR (now known as a DNACPR form) had been made. No evidence to show that any discussion had taken place with next of kin or family.	DNACPR decision to be discussed with the patient and/or family or next of kin.	Ward Sister and Consultant staff attached to ward B7	<b>Completed</b> DNACPR status are now discussed during the daily Board Rounds. Evidence of discussion with the family to be gathered and closely monitored. This will also be discussed at next Divisional Q&S meeting in August 2013 to raise awareness and learn lessons
<b>6. Fluid And Nutrition</b>				
(6.1)The Health Board should consider implementing protected meal times on B7	<b>B7</b> Protected meal times were not in place on the ward	Protected meal times to be fully and consistently implemented.	Ward Sister/Senior Nurse	<b>Completed</b> Protected mealtimes have been re-launched on Ward B7.
		The principles of protected meal times will be reinforced to all ward areas	Executive Nurse Director/Lead Nurse Patient Experience	A PROTECTED poster has been developed by the UHB Fundamentals of Care group which acts as a reminder of the key principles of this important initiative. This was approved in October 2013 and will be printed and

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				<p>distributed to each ward Sister/Charge nurse</p> <p><b>Timescale</b> : December 2013</p>
<p>(6.2)The Health Board should review the staff break rota system to ensure that there are sufficient staff levels on the ward at mealtimes.</p>	<p><b>B7</b></p> <p>3 senior staff were going to break leaving limited staff available to provide support with mealtimes. This led to delays in serving food and delays in providing assistance to patients.</p>	<p>Break times to be planned to ensure that the maximum amount of staff re available to assist with mealtimes</p>	<p>Ward Sister/Senior Nurse</p>	<p><b>Completed</b></p> <p>Since the informal feedback from HIW which was received on the day, Ward B7 has addressed this and altered the ward break times to ensure staffing is at it's maximum to assist patients attend to their dietary requirements. This is being monitored by the Senior Nurse.</p>
<p>(6.3)The Health Board should ensure that all patients are appropriately prepared prior to meal times</p>	<p><b>A6 and B7</b></p> <p>Patients not positioned appropriately. Bed side tables not cleaned/cleared.</p>	<p>Patients as well as the environment to prepared in readiness for mealtimes.</p>	<p>Ward Sister/ Senior Nurse</p>	<p><b>B7 Completed</b></p> <p>Ward Sister has implemented pre -meal time checks on the ward to include appropriate and comfortable positioning of patients. This will include clearance of the bedside tables and the offer of hand washing immediately prior to meal times. Already established but ongoing monitoring for</p>

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				<p>compliance</p> <p><b>A6 Completed</b> Staff reminded of the importance of preparation of the patient and environment for mealtimes,</p>
<p>(6.4)The Health Board should make sure that all patients who require assistance to eat their meals are provided with the assistance they require</p>	<p><b>B7</b> Delay in providing assistance to patients who require help to eat.</p>	<p>Patients to be assisted as soon as the meal is provided</p>	<p>Ward Sister</p>	<p><b>Completed</b> As above, this has been addressed by the ward Sister and staff break times have been adjusted to meet patient need.</p>
<p>(6.5)The Health Board should ensure that all staff are aware of the correct purpose of the red tray initiative to identify patients who require assistance to eat.</p>	<p><b>B7</b> There did not appear to be any supervision from staff for the patients with red trays</p>	<p>The use of red trays and the benefits to patients to be revisited and an appropriate approach adopted consistently within the ward.</p>	<p>Ward Sister/Senior Nurse</p>	<p>As above , this will be addressed at the next Ward meeting and other initiatives implemented will assist with achieving this recommendation</p> <p><b>Timescale:</b> August 2013</p>
<p>(6.6) The Health Board should provide HIW with assurance that an internal investigation took place to determine the source of the drawing pin and what actions have been taken to ensure that any similar incidents occur in the future</p>	<p><b>B7</b> A patient found a drawing pin inside her food</p>	<p>Immediate action to identify source of drawing pin and steps to be taken to prevent a reoccurrence.</p>	<p>Assistant Director of Capital and Assets/Head of Patient Environment</p>	<p><b>Completed</b> This was investigated on the day of the HIW inspection and immediate action taken. The Catering Supervisor attended the ward, identified a possible source of the foreign object in the meal (associated with</p>

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				positioning of food trolley near a notice board).
(6.7)The Health Board should ensure that food consumed by patients is reflected in the patient's notes	<b>B7</b> Food consumed by patients was not always reflected in patient's notes	To monitor and remind staff of the importance of real time documentation for food and fluid charts		<b>Completed</b> Food and fluid charts have since been audited and compliance is particularly high.
(6.8)The Health Board should ensure that patient are routinely encouraged to drink by staff	<b>A6</b> Little encouragement observed from staff to get patients to drink fluids	Intentional rounding to be introduced consistently within the ward	Ward Sister/Senior Nurse	<b>Completed</b> Staff were commended at the time of inspection for positioning patients to allow them to drink. The ward encourages independence and use special beakers and sports bottles. The implementation of Intentional Rounding should ensure that patients are prompted / offered supported to drink on a 2 hourly minimum basis, with additional support provided as necessary,
<b>7. Pressure Sores</b>				
(7.1)The Health Board should ensure that SKIN documentation is fully completed and regularly updated by staff	<b>B7</b> Level of detail provided in documentation was inconsistent.	Intentional rounding to be re- launched.	Service Development Sister/ Ward Sister	<b>Complete</b> As part of Clinical Board improvement work under Transforming Care Intentional Rounding has been re-



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		Use of SKIN Bundle to be promoted and compliance to be monitored.	Executive Nurse Director/Clinical Board Nurses	<p>launched with a Standard Operating Procedure to address fundamental care needs and safety of all patients. This has already been undertaken, but ongoing work to embed and ensure compliance</p> <p>SKIN documentation records the action taken for patients requiring Intentional Rounding in relation to managing those assessed at risk of pressure damage.</p> <p>The re-launched Intentional Rounding-INSPIRE has been standardised across General Medical wards to address the multi factorial safety and comfort needs of our patients, including SKIN, risk of falls, pain, Environment.</p> <p>SKIN Bundle has been introduced to all in-patient areas within the UHB and monitoring of</p>

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				impact is being undertaken via the team dashboard and through performance reviews.
<b>8. Personal Care and Hygiene</b>				
(8.1)The Health Board should ensure that all staff are aware and adhere to all aspects of patient personal care needs	<p><b>B7</b></p> <p>The needs of a number of patients did not appear to have been met.</p> <p>A few patients had dirty fingernails</p>	<p>All patients will have their health care needs met as indicated on their personalised care plan.</p> <p>To reinforce the importance of including nail care and cleanliness as part of the patient's personal care</p>	Ward Sister/Senior Nurse	<p><b>Completed</b></p> <p>Many staff has since attended the Nail care training days and have had competency assessments on the ward. Nail kits have also been ordered to ensure high standards of nail care exist.</p>
		Outcome of the Fundamentals of care audit to be reviewed in relation to personal care standards.	Executive Nurse Director/Clinical Board Nurses	<p>The next round of auditing wil commences in October 2013 and a report will be presented to the Board in January 2014.</p> <p><b>Timescale:</b> January 2014</p>
(8.2)The Health Board should ensure that, where possible, patients are dressed in their own clothing.	<p><b>B7 and A6</b></p> <p>Some patients were wearing gowns.</p>	Ward staff to ensure that all patients are dressed, wherever available, in their own clothing.	Ward Sister/Senior Nurse	<p><b>B7</b></p> <p>The ward strives to dress patients where possible in their own clothes. However there are times when a patient may have a very limited supply of</p>

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				<p>nightwear available and on occasions where a patient does not have any clean clothing gowns are worn to ensure patients dignity. The situation will be monitored through the use of the Ward Visiting Guidance Tool used by the Senior Nurse.</p> <p><b>A6</b> Some patients choose to wear a gown and the gown is most suited to their needs because of spinal injury.. Relatives are also asked to bring in larger sized pyjamas. Clothing with buttons or zips are not suitable</p> <p>The UHB Linen User Group has commenced work to source a range of garments/gowns to suite the needs of patients across the UHB. Timescales are dependent on the Welsh Government sign off of the Linen contract for the UHB.</p>

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				<p><b>Timescale:</b> Situation was reviewed in September 2013 and some progress has been made regarding the provision of suitable clothing. A further review is scheduled for January 2014</p>
(8.3)The Health Board should ensure that al patients are provided with the opportunity to wash their hands prior to mealtimes.	<p><b>B7 and A6</b> Staff not observed offering hand washing facilities prior to meal times</p>	Ward Sister to remind ward team of the importance of hand hygiene for patients at meal times.	Ward Sister/Senior Nurse	<p><b>Completed</b> The Ward Sister has implemented pre -meal time checks on the ward. This will include the offer of hand washing immediately prior to meal times.</p> <p>In order to support compliance, A6 have introduced hand wipes.</p>
(8.4)The Health Board should review the provision of linen to ensure that there is an adequate supply is consistently available on wards.	<p><b>B7</b> On occasions there is not enough linen available</p>	To ensure that there is an adequate provision of linen to all ward areas.	Head of Patient Environment/Senior Nurse	<p><b>Completed</b> Arrangements have been made for the patient experience team to meet with Sister to review the supply of linen.</p> <p>The Patient Environment Team has</p>

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				established a new linen service which allows for a provision 24 hours a day via the portering service. Also, the linen supply is reviewed prior to Bank holidays to ensure that there is an adequate supply across all hospital sites.
<b>9 Toilet Needs</b>				
(9.1)The Health Board should ensure that patients are supported by staff to use the toilet method of choice	<b>B7</b> Evidence of inappropriate use of incontinence pads as very few patients were observed being assisted by staff to and from the toilet despite patients being able to.	To make sure that continence needs are appropriately assessed on admission.  To issue all wards/teams with a copy of the all-Wales continence training and development package when	Ward Sister  Executive Nurse Director/UHB Lead Nurse for Continence	Use of INSPIRE intentional rounding to capture all patients toileting needs. This includes the offer of toileting where appropriate on a 2-3 hourly basis. One ward in the Medicine Directorate is auditing the use of Pads the outcome of which will inform further action across the directorate.  <b>Timescale:</b> Progress to be reviewed September 2013  All-Wales package has been recvied and launched at the Cardiff

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		available.	Services	and Vale UHB Nursing and Midwifery Conference. Roll out and training is being progressed.
		Ward Sister to seek advice and training update for the ward team from the UHB Lead Nurse for Continence Services	Ward Sister/Senior Nurse	
(9.2)The Health Board should ensure that any damaged commodes are replaced or repaired	<b>B7</b> The lid on one commode was broken	Commode lid to be replaced	Ward Sister/Senior Nurse	<b>Completed</b> The commode lid has now been replaced. Commode audits are undertaken by the UHB Infection Prevention and Control Team and findings are shared with the clinical team and directorate leads.
<b>10. Call Bells /Buzzers</b>				
(10.1)The Health Board should ensure that all patients have access to a fully functional buzzer art their bedside.	<b>B7</b> Only half the patients on the ward had access to a buzzer	The Ward Visiting Guidance Tool to be used by the Senior Nurse to monitor the provision of call bells for all patients	Ward Sister/ Senior Nurse	<b>Completed</b> This had been identified prior to the day of the inspection. B7 had recently undergone a major refurbishment and the type of patient call buzzer was different to those already in existence within the

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				UHB. An order had been placed and was received the following day. The ward now keeps a supply at all times to ensure that no patient is without a working call.
		Staff to be reminded of the need to ensure patient call bells are within easy reach		<b>Completed</b> Checking that patient call bells are within easy reach is part of the intentional rounding tool.
		Ward Visiting Guidance Tool will be used by the Senior Nurse to monitor that call bells are available and within reach of the patients	Senior Nurse	<b>Completed</b> Ward round visiting guide already introduced and utilised by the Senior Nurse
(10.2) The Health Board should ensure that staff aim to answer buzzers promptly to provide an explanation and reassurance to patients if they are unable to do this because they are busy.	<b>B7</b> Patients reported that the response time could be delayed if staff were busy	Response to call bells to be monitored to ensure that response times are adequate and appropriate.	Ward Sister/Senior Nurse	Ward Sister has already reminded staff that buzzers must answer as promptly as possible. Staffing levels have been uplifted which should ensure a timelier response. Unannounced Observations of Care and the use of the Ward Visiting Guidance Tool

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				<p>will be used across the UHB to monitor timeliness of response where automated monitoring is not available.</p> <p><b>Timescale:</b> this was reviewed in September 2013 and the visiting guide is being updated to provide a more robust process of quality assurance. This will be completed for first review in November 2013</p>
		To review the outcome of the 2 minutes of your time feedback and take action to make improvement as required	Lead nurse in each Clinical Board	<p><b>Complete</b> Reports are provided each month to the Clinical Board Quality and Safety meeting.</p>
(10.3) The Health Board should ensure that the broken buzzer which was identified on A6 is repaired	<p><b>A6</b> Emergency buzzer in one of the toilets was broken.</p>	The provision of call bells to be reviewed on a weekly basis by the Ward Sister	Ward Sister/Senior Nurse	<p><b>Completed</b> Call bell string repaired immediately. Audit of call bell function added to weekly task list.</p>
<b>11. Communication</b>				
(11.1)The Health Board should ensure that communication aids	<p><b>B7 and A6</b> No communication</p>	To ensure that communication aides are	Ward Sister/Senior Nurse	Ward B7 has a hearing loop available. All staff



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are available to assist patients with sensory impairments and that staff are aware of the aids.	aids to assist patients with sensory impairment	provide for patients based upon identified need.		<p>are now aware of this facility and how to use it. Use of the equipment will be monitored and reported back to the Directorate Quality and Safety Group.</p> <p><b>Timescale:</b> Review December 2013</p> <p><b>A6 COMPLETED</b></p> <p>Speech and Language Therapists provided as required. Speech and language therapist allocated to A6 made aware of HIW observation. Access to appropriate equipment to be progressed and staff made aware of access arrangements.</p>
		Therapies to provide advice on what aides are available.	Head of Therapies/Senior Nurse Standards and Professional Regulation	<p>Head of Therapies will be invited to the UHB Fundamentals of Care meeting to advise on way forward.</p> <p><b>Timescale:</b> January 2014</p>
<b>12. Medicine and Pain Management</b>				
	<b>B7</b>			<b>Completed</b>

Identified concern	Area and specific concern	Action	Executive and/or Operational Lead	Progress and Timescale
(12.1) The Health Board should 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 regularly reviewed and evaluated.	There were no pain assessment tools in use on the ward	Pain assessment tool to be developed for the ward		Pain assessment has been included within INSPIRE intentional rounding.
		To review the provision of a suitable pain tool suitable for use with patients with cognitive impairment	Consultant Nurse Older People/Senior Nurse Pain Service	<p>With the introduction of the All Wales NEWS chart, pain assessment scoring was not included within this and there is now a variance in tools used.</p> <p>A standard operating tool suitable for persons all patients including those with Sensory Impairment such as Dementia is required across all wards</p> <p><b>Timescales:</b> December 2013</p>
(12.2)The Health Board should ensure that methods are in place to ensure that patients take their medication when its administered and therefore not left unattended on patient's bedside cabinets	<b>B7</b> Staff observed leaving medication on bedside tables	Staff to be reminded of the importance of adhering to UHB policies and procedures regarding the administration of medicines.	Executive Nurse Director/Clinical Board Nurses  Ward Sister/ Senior Nurses	<b>Completed</b> All staff have been reminded that under no circumstances can medication be left on the patients bedside table. This has been reinforced at ward meetings and at the

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				daily safety briefings. Staff are being monitored for compliance. Executive Nurse Director has met with all Sisters/Charge nurses to reinforce the message.
		Spot review of medicine management audits to be undertaken and result fed back to the clinical areas promptly	Senior Nurse	<b>Completed</b> Audits are being undertaken. Compliance is discussed with the Executive Nurse Director
<b>13. Discharge Planning</b>				
(13.1)The Health Board should ensure that systems are in place to prevent delayed discharge for patients	<b>B7</b> Discharge planning process can be delayed if Coordinator is subsumed into staffing numbers.	To ensure that an appropriate nurse is allocated to the role of shift coordinator for each day shift who will coordinate the discharge process	Ward Sister/and Consultants	<b>Completed</b> B7 had a high turnover and short length of stay. Now staffing levels have improved, Co-ordinator is released to drive discharge planning and escalation of constraints  Improvements are being monitored through the review of patient feedback from the “2 minutes of your time” patient questionnaire.

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	<p><b>B7 and A6</b> Patients said that they had not been involved in discharge planning</p>	<p>Discharge planning to be included in the admission process</p> <p>To be monitored monthly via 2 minutes of your time questionnaires.</p>	Ward Sister/Senior Nurse	<p><b>Completed</b> <b>B7:</b> Ward Co-ordinator ensures involvement in discharge planning and ongoing care.</p> <p><b>A6:</b> discharge arrangements are commenced as soon as patient is fit and that their outcome is known. Many of the patients are repatriated.</p>
	<p><b>A6</b> Access to social workers delay patient discharge</p>	<p>Reasons for delayed dischargers to be reported on a weekly basis to the Chief Operating officer and action for improvement planned if necessary.</p>	Chief Operating Officer	<p><b>Completed</b> Delays reported to UHB on a weekly basis to aid resource allocation and target areas of changing need</p>
<b>14. Activities</b>				
<p>(14.1)The Health Board should consider ways to provide patients with activities and stimulation throughout their hospital stay</p>	<p><b>B7</b> Patients said that the bed side TVs were too expensive to use. No evidence of any stimulation or activities for patients.</p>	<p>Activities/stimulation to be provided for patients</p>	Ward Sister/Senior Nurse	<p>The UHB has an existing contract with Patient Line. The ward does not have a dayroom and prior to the refurbishment this was raised as a concern. The ward does have a ward trolley via WRVS which does bring newspapers and magazines to the ward</p>

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				<p>and the ward does have a supply of books.</p> <p>The ward is investigating the possibility of providing games. However it must be taken into consideration that Ward B7 is a high acuity ward with a rapid turnover.</p> <p><b>Timescale:</b> Situation to be reviewed September 2013</p>
	<p><b>A6</b> No evidence of any stimulation or activities for patients.</p>	<p>Activities/stimulation to be provided for patients</p>		<p>Work is progressing with investigating potential for volunteers to assist with talking/reading etc to patients who have limited visitors. Individual music etc encouraged where appropriate given acute nature of the care. All bed areas have Patient line TV/Music/telephone.</p> <p><b>Timescale:</b> Reviewed in September 2013 and a further review is planned for February</p>

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				2014
		To develop the role of Volunteers in supporting recreational activities for patients		<b>Completed</b> The UHB has developed a Volunteering strategy and provide a variety of services across the UHB on a group and individual basis.