

EXECUTIVE & CENTRAL COMMITTEES

VISITING MONITORING REPORT

SUBJECT:	VISITING ACTIVITY
REPORT OF:	PPE/MONITORING & SCRUTINY OFFICER
STATUS:	INFORMATION PAPER
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DATE:	APRIL 2019

PURPOSE

To inform Committees of the CHC's visiting activity and the Health Board's responses following visits undertaken between January 2019 and March 2019.

BACKGROUND

Visits were carried out to outpatient departments for trauma and orthopaedic appointments, community hospitals and general acute wards as part of the CHC annual plan.

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Visits from the previous quarter updated with Health Board response

Visit	Ysbyty Ystrad Fawr – 3.1 Risca	Date:	18/9/2018
<ul style="list-style-type: none">Two out of the four lifts available were not fully operational. <p>Health Board response:</p> <ul style="list-style-type: none">Works and estates to liaise with the ward regarding timeframes for repairs and ensure notice are displayed to keep patients/visitors informed.			
<p>The ward:</p> <ul style="list-style-type: none">Some posters on the walls were positioned high up and possibly not accessible to patients/visitors in wheelchairs.Not all patients had received, or could remember receiving, information about the ward.Lighting was off in some areas of the ward which may cause a hazard.Fans were found to be unplugged in the corridors.Emergency pull cords were tied up in two bathrooms.A storage room was left open and unattended.Patients were not always aware of the facilities/activities available on the ward. <p>Health Board response:</p> <ul style="list-style-type: none">Noticeboards have been reviewed. Notices cannot be lowered due to the handrails between the cubicles.A welcome pack/leaflet to be implemented. A welcome board on entrance to be developed. Ward will consider other options for communication with patients and ensure they are tailored to the individual needs of the patient.Daily leadership walk arounds will ensure lighting is adequate and any faults reported immediately.All equipment to be stored appropriately. Environmental walk arounds and leadership rounds to highlight any issues.Pull cords to be untied immediately. Environmental walk arounds and leadership rounds to continue. Ensure any issues with pull cords or call bells are reported.Staff to ensure all non-patient areas are closed. Leadership rounds to highlight any issues.The Health Board provided information regarding the facilities and activities available on the ward. Ward leaflets to be devised			

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and patients to be told and encouraged to get involved.

Patient area:

No recommendations required.

Staff:

- Not all staff were wearing a clearly visible name badge.
- Some patients felt that there were not enough staff to meet the patients' needs.

Health Board response:

- All staff reminded to wear identity badge. Timely requests for new badges will be made.
- The Health Board provided a breakdown of the staffing levels available to the ward.

Comfort and hygiene:

- Some patients did not feel that their hygiene needs were being met.

Health Board response:

- Hand washing or hand wipes are now offered prior to meal times. Staff ensure patients who require assistance with personal hygiene have relevant care plans in place. Staff to ensure that baths/showers are actively offered to all patients.

Linen:

No recommendations required.

Meal time provision:

- Not all patients were aware that they had access to snacks.

Health Board response:

- Nurses who assist with meal times will ensure patients are aware of the availability of snacks. Staff will regularly ask patients if they require any food or drink snacks.

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Visit	Ysbyty Aneurin Bevan – Tyleri	Date:	20/9/2018
The ward:			
<ul style="list-style-type: none"> • Some patients did not receive an information leaflet. • A communal bathroom was out of order on the day of the visit. • Not all patients were aware of the facilities and activities available to them on the ward. 			
Health Board response:			
<ul style="list-style-type: none"> • Laminated booklet provided for each room. Staff reminded to ensure these are in sight of patient/relatives during admission. • The bathroom is now fully functional. • The Health Board provided details of the facilities and activities that are available on the ward. Patients encouraged to get involved in activities. 			
Patient area:			
No recommendations required.			
Staff:			
<ul style="list-style-type: none"> • Not all staff introduced themselves when providing care or treatment to patients. 			
Health Board response:			
<ul style="list-style-type: none"> • Staff reminded of the importance of introducing themselves. 			
Comfort and hygiene:			
<ul style="list-style-type: none"> • Not all patients felt that they could access personal hygiene facilities as often as they would like. 			
Health Board response:			
<ul style="list-style-type: none"> • Patients are offered assistance with personal care in the morning. Patients are able to access showers/baths during any time of the day. Reablement patients are encouraged to become independent. 			
Linen:			
No recommendations required.			
Meal time provision:			
<ul style="list-style-type: none"> • Some patients were not given assistance to eat their meal and a tray identification system was not in place. 			

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Health Board response:

- On the day of the visit there was an unusually high number of patients who required meal time assistance. The ward has introduced a strategy to ensure assistance is available if required.

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Visit	Royal Gwent Hospital – C4 East	Date:	26/9/2018
During the visit, Ward C4East was temporarily located on B3.			
The ward: <ul style="list-style-type: none">• A patient required non-verbal communication via their carer who was allowed on the ward between 8:30am and 3:30pm. No information was given regarding the method of communication outside of these times.• Some patients were not aware of the facilities on the ward to prevent boredom and isolation.			
Health Board response: <ul style="list-style-type: none">• The ward has a picture board that can be used by non-verbal patients and also pen and paper are available. Patients can also be referred to the Speech and Language teams who have iPads which can be used by patients.• The Health Board provided details of what facilities are available on the ward. Ward staff should ensure patients are made aware of and assisted to participate in ward activities. Patients should be made aware of reading materials, DVD players and encouraged to bring their own items to use.			
Patient area: <p>No recommendations required.</p>			
Staff: <ul style="list-style-type: none">• Some members of staff did not replace their name badges after providing care to patients.			
Health Board response: <ul style="list-style-type: none">• Ward Sister will ensure that all staff replace name badges after providing care to patients, a timely request will be made for any new ID badges that are required.			
Comfort and hygiene: <ul style="list-style-type: none">• One patient reported getting cold and uncomfortable at night because they did not have enough blankets and pillows.			
Health Board response: <ul style="list-style-type: none">• The ward manager will ensure that the ward has enough pillows and blankets to allow patients to be comfortable during their time on the ward.			

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Linen:

No recommendations required.

Meal time provision:

- Not all patients were encouraged to use hand hygiene facilities prior to eating.
- One patient felt that their water jug should be changed more than twice a day.

Health Board response:

- Patients will be encouraged and assisted to use hand-washing facilities or provided with hand wipes prior to eating.
- Water jugs are changed three times per day and staff are available to refill water jugs in between these times.

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Visit	Royal Gwent Hospital – A&E	Date:	1/10/2018 22/10/2018
Environment:			
<ul style="list-style-type: none"> • The disabled toilet did not have a connected pull cord. • The ladies toilet had a rusted bin. • Hand hygiene facilities were not readily available within the department. 			
Health Board response:			
<ul style="list-style-type: none"> • The pull cord is regarded as a recognised risk and this is the reason it was not in place during the visit. Staff were aware to take patients to the toilet and wait outside the door in case they are needed for assistance. Costings have been requested to replace the cord system with a touch pad call system. • New bins have been ordered. • Extra hand hygiene facilities have been installed in the waiting area. 			
Patient feedback:			
<ul style="list-style-type: none"> • Most patients did not contact Out of Hours or NHS Direct prior to attending A&E. • Patients expressed dissatisfaction with the parking at the hospital. • Boredom during long waits was a factor for many patients at night because the TV was switched off and no magazines/newspapers were available. • Patients were not kept up to date with regards to waiting times. • One patient felt that the environment was not suitable due to the high levels of anxiety they were experiencing. 			
Health Board response:			
<ul style="list-style-type: none"> • The communication team within the Health Board promote the Out of Hours and NHS Direct services via social media. Posters are also displayed within the emergency departments. • The Health Board is aware that the car parking capacity is a problem. Traffic control measures have been implemented and potential opportunities for long term solutions such as 'park and ride' are being explored. • The TV in the main waiting area and sub waiting areas should be on at all times. The Health Board is unsure whether patients or staff are turning the TVs off so staff have been reminded that they should not be turned off. Magazines often become 			

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torn and damaged and become a trip/slip hazard. Wifi is available throughout the department.

- Patients should be informed of expected waiting times during booking in, triage and when staff are providing care. The tannoy system should be used every 2 hours to convey a message regarding waiting times. Costs have been requested to upgrade the patients' information TV to incorporate waiting times.
- The department supports all patients who are suffering with anxiety and works with the patient to find the best location for them within the confines and restrictions of the department.

Efficiency:

- Patients were not being handed over by the ambulance crew within 15 minutes.

Health Board response:

- Patients are only held on ambulances when there is no available capacity within the hospital. The Minor Injuries Unit will be used to house up to 4 patients from the majors department at times of escalation. Protocols have been agreed to bring patients into the department in order of clinical need. Review of the escalation policy is being undertaken.

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Visit	Royal Gwent Hospital – MAU	Date:	1/10/2018
Environment: <ul style="list-style-type: none">• The seating comprised of only one type of chair which meant that it would not be suitable for all types of patients.• The visiting team felt that the disabled access toilet may not be suitable.• The store cupboard lock pad was out of order.			
Health Board response: <ul style="list-style-type: none">• Static seating has recently been refurbished to a high standard to improve patients comfort. Individual stackable chairs are also now available and Parker Knoll style chairs can be used where a patient has specific needs.• Disabled toilets have wide opening doors and are suitable for wheelchair users. Pull cord alarms have been replaced.• The lock pad to the store cupboard has been replaced and is fully functional.			
Patient feedback: <ul style="list-style-type: none">• Patients were not kept informed about waiting times.• Some patients felt that the waiting area was 'cramped' and they struggled to find a seat.			
Health Board response: <ul style="list-style-type: none">• A patient information leaflet and flow diagram showing a patient journey is in use. Staff will be reminded to use these tools to explain waiting times. The unit is looking to purchase electronic systems to inform patients of waiting times.• Appropriate seating has been supplied and is added to the waiting area when required. It has been noted that some patients attend with many relatives and staff are encouraging relatives to attend the coffee shop while waiting. Staff are also attempting ensure that only patients and vulnerable visitors use the seating that is available.			
Efficiency: <ul style="list-style-type: none">• The patients flow co-ordinator was not on duty and ten patients were awaiting bed allocation or transfer to another hospital.			
Health Board response: <ul style="list-style-type: none">• On a unit level the patient flow is managed by the nurse in charge which is a role that is undertaken 24 hours a day.			

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Difficulties are escalated and improvement initiatives are continuously being assessed.

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Visit	Nevill Hall Hospital – A&E	Date:	4/10/2018 22/10/2018
Environment:			
<ul style="list-style-type: none"> • Patients were found to be being cared for in the corridor. • A fire door was found to be wedged open. • Some of the furniture in the waiting area had ripped fabric. • Night visits found that the cleanliness was not as high as during the day. • 			
Health Board response:			
<ul style="list-style-type: none"> • Patients are risk assessed on arrival and cared for by a registered nurse. Admissions to the corridor are kept to a minimum and patients moved on as soon as space becomes available. • Staff reminded that fire doors should not be wedged open. To be monitored by senior staff. • Costings to replace the furniture have been submitted. • Ensure cleaning schedule is followed. Cleanliness to be monitored 24/7 and out of hours support to be requested from the Domestic Supervisor if required. 			
Patient feedback:			
<ul style="list-style-type: none"> • No patients reported that they contacted NHS Direct or the Out of Hours service prior to deciding to go to A&E. • Patients were not kept up to date with approximate waiting times. • 			
Health Board response:			
<ul style="list-style-type: none"> • Communication is a Health Board wide initiative with the communication team promoting NHS Direct and the Out of Hours service via social media. There are also posters and leaflets in the department. • Patients should be informed of expected waiting times during booking in, at triage and when staff provide care. Costings have been requested to upgrade the current patient information television to allow waiting times to be incorporated into the information. 			
Efficiency:			
No recommendations required.			

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Visit	Nevill Hall Hospital – Emergency Assessment Unit	Date:	4/10/2018
Environment:			
<ul style="list-style-type: none"> The pull cord in a shower room was found to be on the floor. 			
Health Board response:			
<ul style="list-style-type: none"> The pull cord was replaced and the nurse in charge will carry out daily checks and report any faults. 			
Patient feedback:			
<ul style="list-style-type: none"> Patient feedback reported comfort levels being affected by long waits on trolleys. 			
Health Board response:			
<ul style="list-style-type: none"> Trolleys can be converted to beds if clinically necessary and patients are prioritized for a bed dependent on clinical need. Long waits on trolleys are escalated to the patient flow team and patients are encouraged to change positions regularly if they are able to. 			
Efficiency:			
<ul style="list-style-type: none"> The department potentially had four patients who were awaiting discharge. 			
Health Board response:			
<ul style="list-style-type: none"> A Discharge Co-ordinator is now in post to improve the discharge process from the unit. 			

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Visit	Tredegar Health Centre	Date:	15/11/2018
<ul style="list-style-type: none">• Patients felt that they were limited to discussing one issue per appointment.• Some patients reported that accessing an emergency appointment could be difficult.• Most patients spoken with were not aware of My Health Online.• Some patients felt the reception desk/area was not as private as they would like it to be.			
<i>Health Board response:</i>			
<ul style="list-style-type: none">• Practice Manager to remind all GPs, including locums, that patients should not be limited to discussing one issue during an appointment.• A review of the appointment system is to be carried out in order to make improvements.• The practice is actively promoting My Health Online via leaflets, information on the website, posters within the reception area and on repeat medication slips. Staff are also being told to discuss this option with patients when they attend the reception.• Staff to be reminded that patients should be offered the option of discussing issues in private if they would like. Notices are displayed by the reception desk.			

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Visit	North Celynen Practice	Date:	26/11/2018
<ul style="list-style-type: none">• Glass panels at the entrance of the building may present a hazard for patients with visual impairments.• Patients felt that they were limited to discussing one issue per appointment.• Some patients reported difficulties with booking appointments, and particularly with accessing emergency appointments.• Some patients felt the reception desk/area was not as private as they would like it to be.• Most patients spoken with were not aware of My Health Online.			
<i>Health Board response:</i>			
<ul style="list-style-type: none">• The Practice Manager would look at putting markings on the glass panels.• Limits for one issue to be discussed are placed on emergency appointments and GPs will be reminded to explain why this is necessary for emergency appointments, if required.• The emergency system requires patients to sit and wait and it is felt that this system does not require changes as every patient who requires an appointment is seen on the same day. E-consultations have also been introduced which, it is anticipated, will reduce the pressure on the surgery telephone lines and make it easier to make an appointment.• A window surround for the reception area will be installed.• My Health Online is being promoted and the surgery has seen an increase in the numbers of patients signing up.			

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Visits conducted between January 2019 and March 2019 – report awaiting response

	Response expected
St Cadocs Hospital, Adferiad Ward	29/04/2019

Visits conducted between January 2019 and March 2019 – report not yet submitted

	Date of visit
Winter Project visits	Jan - Mar
Ysbyty Ystrad Fawr, Ty Cyfannol	15/03/2019
Maindiff Court Hospital, Ty Skirrid	19/03/2019
Ysbyty Aneurin Bevan, Carn y Cefn	22/03/2019
County Hospital, Talygarn	25/04/2019