

# EXECUTIVE & CENTRAL COMMITTEES

## VISITING MONITORING REPORT

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| <b>SUBJECT:</b>   | <b>VISITING ACTIVITY JULY – SEPTEMBER 2019</b> |
| <b>REPORT OF:</b> | <b>PPE/MONITORING &amp; SCRUTINY OFFICER</b>   |
| <b>STATUS:</b>    | <b>INFORMATION PAPER</b>                       |
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| <b>DATE:</b>      | <b>OCTOBER 2019</b>                            |

### **PURPOSE**

To inform Committees of the CHC's visiting activity and the Health Board's responses following visits undertaken between July 2019 and September 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

|  |                                      |              |           |
|--|--------------------------------------|--------------|-----------|
| <b>Visit</b>   | Nevill Hall Hospital 2/4 Raglan Ward | <b>Date:</b> | 21/6/2019 |
| <b><i>The ward:</i></b> <ol style="list-style-type: none"><li>1. There were ongoing issues on the ward with the bath breaking and this impacts on the patient hygiene needs.</li><li>2. A shower room was found to have a dirty looking floor and unpleasant smell.</li></ol> <b><i>Health Board response:</i></b> <ol style="list-style-type: none"><li>1. The bath is now in full working order.</li><li>2. Service Improvement Manager to cost the refurbishment of the shower room and agreement be sought from Gynae Service Development meeting in September.</li></ol>  |                                      |              |           |
| <b><i>Boredom and isolation:</i></b> <ol style="list-style-type: none"><li>1. Patients were not aware of facilities on the ward where they could make phone calls or spend time with visitors.</li><li>2. The furniture within the Sisters' room, where discussions take place with relatives, was in need of repair.</li><li>3. The CHC requested that the ward is assessed to determine whether further engagement facilities were required to prevent boredom and isolation.</li><li>4. A visitors' room was available, however, the suitability of it to be used for visitors was not clear.</li></ol> <b><i>Health board response:</i></b> <ol style="list-style-type: none"><li>1. The information will be added to the patient information leaflet.</li><li>2. The furniture within the Sisters' room has been replaced.</li><li>3. Radios to be purchased from Charitable Funds and made available in ward areas on request.</li><li>4. There is currently no visitors' room due to the structure of the</li></ol> |                                      |              |           |

ward. This recommendation to be discussed at Gynae Service Development meeting.

***Patient area:***

1. An on-going issue with buzzers has meant that not all patients has access to a working buzzer over a six month period.
2. Costings to fix the issue have been sought but no timeframe for repairs to be made.

***Health Board response:***

1. All patients are given access to a call bell.
2. The costings have been requested to repair the primary system. These will be discussed at the Gynae Service Development meeting.

***Staff:***

1. Patients reported high satisfaction levels with the staff on the ward.
2. Discussions regarding care and treatment were not always discreet as a patient reported being able to hear the discussions happening in the corridor regarding other patients.

***Health Board response:***

1. The positive feedback to be shared with the team via the August monthly feedback.
2. Feedback regarding discussions being more discreet to be shared via the August monthly feedback.

***Comfort and hygiene:***

1. One patient reported asking for an additional blanket but that staff were too busy at the time.
2. One patient had not been informed about the location of the

bathroom facilities.

***Health Board response:***

1. Feedback to be shared via the August monthly feedback.
2. Feedback to be shared via the August monthly feedback.

***Linen:***

1. Staff reported that nightdresses were not available and hospital gowns can impact on patient dignity.

***Health Board response:***

1. Nightdresses are ordered via Oracle for patients who require them.

***Meal time provision:***

1. Patients provided varying opinions on the quality and temperature of the food.
2. Not all patients were aware of the snacks that were available throughout the day and night.
3. Patients felt that their water jugs were not changed often enough.

***Health Board response:***

1. Feedback regarding food forwarded to Hotel Services Manager for Nevill Hall Hospital. An audit to evidence improvement will be undertaken in September 2019.
2. A snack list will be given to all patients who are prescribed snacks by a dietician and snacks provided routinely. Snacks are supplied by the kitchen and staff will make every effort to ensure snacks will be made available to any patients who requests them.
3. Feedback to be shared via the August monthly feedback.

***Conclusion:***

1. It was felt that a clock would helpful to patients on the ward.

***Health board response:***

2. A clock has been ordered.

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|--|---------------------------------|--------------|-----------|
| <b>Visit</b>   | Chepstow Hospital Caerwent Ward | <b>Date:</b> | 26/6/2019 |
| <p><b>The ward:</b></p> <ol style="list-style-type: none"> <li>1. Not all patients received information about the ward and the facilities available.</li> </ol> <p><b>Health Board response:</b></p> <ol style="list-style-type: none"> <li>1. Staff will introduce the ward to patients on admission. A noticeboard explaining what patients can expect from the ward will be developed. The ward is in the process of developing a Patient Information Leaflet.</li> </ol> |                                 |              |           |
| <p><b>Boredom and isolation:</b></p> <ol style="list-style-type: none"> <li>1. Not all patients were aware of the facilities that are available, such as TV, newspapers and ward activities.</li> </ol> <p><b>Health Board response:</b></p> <ol style="list-style-type: none"> <li>1. The ward is in the process of developing a Patient Information Leaflet which will be included in the admission pack given to patients.</li> </ol>                                     |                                 |              |           |
| <p><b>Patient area:</b></p> <p>No recommendations required.</p>  |                                 |              |           |
| <p><b>Staff:</b></p> <ol style="list-style-type: none"> <li>1. Patient feedback was very positive regarding staff.</li> <li>2. Patients felt there was a shortage of staff at times.</li> </ol> <p><b>Health Board response:</b></p> <ol style="list-style-type: none"> <li>1. Positive comments will be shared with the staff verbally and via monthly newsletter.</li> <li>2. In September 2019 St Arvans and Caerwent Ward will join to</li> </ol>                        |                                 |              |           |

make one 32 bedded unit. This should help with staffing and the running of the unit as a whole rather than two smaller units. Details of current vacancies, recruitment and sickness levels were provided by the Health Board.

***Comfort and hygiene:***

No recommendations required.

***Linen:***

No recommendations required.

***Meal time provision:***

1. Not all patients were happy with the temperature of the food and the choice of food available for the ward.
2. Patients were not always offered hand hygiene facilities prior to meals.

***Health Board response:***

1. The ward team have been working with the dietetic and facilities departments to design a new menu with patient input. When the two wards join, the food will be provided directly from a ward kitchen rather than a food trolley which should address the temperature issues.
2. Staff have been reminded to offer hand hygiene facilities and assist patients where necessary.

**Visits conducted between July and September 2019** – Health Board response received

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|---|-------------------------------|--------------|-----------|
| <b>Visit</b>  | Ysbyty Ystrad Fawr 1/1 Bedwas | <b>Date:</b> | 5/07/2019 |
| <b>Ward information:</b><br><br>1. It was reported that the ward did not have a hearing loop system in place.   |                               |              |           |
| <b>Health Board response:</b><br><br>1. If patients have a listening device that is compatible with the loop system on the ward then they should be able to hear speech more clearly or if they are highlighted as requiring this service a set is requested from the Audiology department.   |                               |              |           |
| <b>The ward:</b><br><br>1. Complaints procedure leaflets were being printed at the time of the visit and so were not available to patients.<br>2. Patients did not receive a Patient Information Leaflet to give them information regarding the ward facilities etc.<br>3. The visiting team felt that the buzzer cord within the disabled access toilet could be difficult to reach whilst sitting on the toilet.<br>4. A sharps box within a public area was seen to be unlocked.                 |                               |              |           |
| <b>Health Board response:</b><br><br>1. The complaints procedure leaflets have been printed and are displayed in a leaflet holder next to the day room.<br>2. Patients should be oriented to the ward on transfer to Bedwas Ward. Also, leaflets are printed and stored in a leaflet holder in the corridor.<br>3. The position of the cord has been reviewed and found to be within reach for patients sitting on the toilet.<br>4. Sharps bins are not locked until ready for disposal. They have |                               |              |           |



safety features to prevent anyone from putting their hand inside.

***Boredom and isolation:***

1. Not all patients were aware of the facilities on the ward to help prevent boredom and isolation.
2. Patients were in single rooms and were not aware of any activities or a TV that could be used. Some patients did not have access to newspapers, radio or electronic devices.

***Health Board response:***

1. The information is available within the Patient Information Leaflet which is located in the leaflet holder within the corridor.
2. Bedwas is a short stay ward and so there is no funding for physiotherapy or an activities coordinator. When an activities co-coordinator was trailed it was deemed unnecessary for the patient group. TVs have been vandalised and so the only TV is now in the dayroom. The ward has open visiting hours and volunteers who chat to patients. There are books, puzzles and radios available, however many of the radios have been stolen. Staff are encouraged to assist patients to the day room where possible and all patients with enhanced care needs have an activity chart.

***Patient area:***

No recommendations required.

***Staff:***

1. Patients reported that they did not all think the number of staff was adequate to meet their needs during the day and night.

***Health Board response:***

1. During the visit, the ward was at an agreed staffing level. The Health Board provided details on the vacancies and stated that recruitment is Bedwas is very successful. Due to YYF being all single rooms, this can result in patients not observing staff

regularly, despite having the required number of staff on shift.

***Comfort and hygiene:***

No recommendations required.

***Linen:***

1. Staff reported that there are generally not enough pillows for patients.

***Health Board response:***

1. Sufficient pillows are available, however they often get transferred from the ward with the patient. Staff have been reminded to return pillows with the trolley to Bedwas ward.

***Meal time provision:***

No recommendations required.

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| <b>Visit</b> | Royal Gwent Hospital C5 East | <b>Date:</b> | 10/07/2019 |
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***Ward information:***

1. Staff reported that if a patient did not speak English as a first language they would ask family members to translate.
2. Staff reported that the ward did not have a hearing loop system.

***Health Board response:***

1. Staff to be reminded that a 24/7 translation service is available and how to access it should a patient require translation.
2. The Health Board reported that a fully functional hearing loop system is in place on the ward. Staff will be reminded that it is available and informed how to use it.

***The ward:***

1. The identity of the visiting team was not checked before members were allowed access to the ward.
2. Not all patients received an information leaflet or verbal information about the ward and the facilities available.
3. The patient information dashboard was not up to date at the time of the visit.
4. Staff reported that the Omnicell pharmacy system within the clinical room was not working.

***Health Board response:***

1. Staff have been reminded about the importance of checking the identity of visitors to the ward.
2. Patients should be orientated to the ward and given information about the facilities during the admission process. There should also be time for patients to ask questions. A leaflet is available and staff have been reminded to provide these on admission.
3. The Health Board have reminded the ward sister to update the dashboard daily.

4. The Omnicell pharmacy system is maintained by the pharmacy department and external contractors. It is not in full working order.

***Boredom and isolation:***

1. Not all patients were aware of the facilities available on the ward to help reduce boredom and isolation.
2. It was unclear whether the ward offered enough facilities/activities to reduce boredom and isolation.

***Health Board response:***

1. Patients should be orientated to the ward and given information about the facilities during the admission process. Relatives should also be shown where the relative's room is located.
2. Patients on the ward are often busy with various therapies. There is a day room with TV, books and games. Radios are available and the Older Adult Psychiatric Liaison team can provide support if patients meet the referral criteria. The ward offers flexibility with visiting hours and John's Campaign is utilised. Ongoing discussions are being held regarding a volunteer service.

***Patient area:***

1. Visitors had access to tea and coffee, however, there was not access to a kettle or other means of hot water.
2. Not all patients had access to a fully functional buzzer that was within reach.

***Health Board response:***

1. A kettle is available in the visitors' room.
2. Weekly audits are completed to ensure buzzers are working. Staff have been reminded to place buzzers within reach of patients. Compliance with this will be checked in monthly inspections.

***Staff:***

1. Some patients felt that the levels of staff during the day were

not adequate to meet the needs of the patients.

**Health Board response:**

1. During the visit the staffing was at the agreed level. When there are deficits, they are backfilled with bank or agency staff. A Core Care Team is being introduced to support the patients' needs.

**Comfort and hygiene:**

1. Not all patients could wash as often as they would like. One patient reported not being able to wash due to being 'bed-bound'.

**Health Board response:**

1. All patients are encouraged to be as independent as possible but support will be given when required. Staff will be reminded to provide care as and when required.

**Linen:**

1. The ward did not always have an adequate supply of linen.
2. The delivery times of the linen was sometimes too late.
3. The quality of the linen available was not always satisfactory.

**Health Board response:**

1. The linen escalation policy is utilised out of hours when there is a short supply.
2. A request has been made to bring the delivery time of the linen forward.
3. The quality of the linen has been reviewed and no issues were found.

**Meal time provision:**

1. Not all patients had access to hand hygiene facilities prior to eating.
2. Patients were not all aware of how to obtain snacks in between meals.

3. Some patients reported that the quality and temperature of the meals provided was not good.

***Health Board response:***

1. Staff have been reminded of the importance of offering hand washing or hand wipes prior to each mealtime.
2. Staff will ensure all patients are aware of what snacks are available and how to request them.
3. Staff have been reminded of the requirement to test and record the temperature of the food at three different points during the service. The food offered is standardised across all sites and is in line with the All Wales Menu Framework to ensure recipes are consistent and meet the nutritional needs of the patient.

***Other feedback***

1. It was reported by a number of patients that sometimes the noise levels at night were unsatisfactory and that noisy patients should not be admitted during the night.

***Health Board response:***

1. Stroke services have been centralised to the Royal Gwent Hospital site and as a result C5 East is the acute stroke admission ward. It is therefore difficult to address the issue of noise due to admissions during the night.

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| <b>Visit</b> | Nevill Hall Hospital Pen y Cwm | <b>Date:</b> | 23/7/2019 |
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***Findings:***

1. The Health Board is asked to consider the varying periods at which options around hospital preferences and birth plans are discussed with women to ensure consistent communication and when women can expect discussions regarding these options.
2. HIW is asked to consider the individual clinical feedback from a participant regarding the handling of a discharge home following waters breaking.
3. The Health Board should pass on the high praise participants had to offer in regards to the staff and their positive comments above.

***Health Board response:***

1. Having reviewed the report we note there was a potential issue with one women and her birth plan. Midwives will be reminded of NICE guidance and this will be reviewed through the annual notes Audit.
2. The Head of Midwifery will raise with HIW as this issue has not been identified in the formal draft report received from HIW following the unannounced visit to NHH.
3. The CHC report has been shared with maternity teams for cascade.

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| <b>Visit</b> | Royal Gwent Hospital A&E | <b>Date:</b> | 30/8/2019 |
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***Findings:***

1. The department appears to have inadequate storage.
2. A lightbulb in the female toilets was not working.
3. Not all patients were aware of the approximate length of time they could expect to be waiting.
4. The patients spoken with during the visit were very complimentary about the staff working in the department.

***Health Board response:***

1. Areas within the department have been converted into clinical rooms and storage but there is an increased demand for emergency attendances each year. Staff have been reminded to ensure walkways are kept clear when equipment is not being used.
2. The lightbulb has been replaced.
3. Patients should be informed of expected waiting times when registering upon arrival to the department, at triage and when staff are providing care. Staff will be reminded of this. The tannoy system should be used to convey the message if there will be delays and an electronic patient information screen has been ordered to display waiting times in the department.
4. The CHC report has been shared with nursing and medical staff and a copy has been available in the staff room.



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|--------------|---------------------------------------|--------------|-----------|
| <b>Visit</b> | Royal Gwent Hospital Day Surgery Unit | <b>Date:</b> | 3/09/2019 |
|--------------|---------------------------------------|--------------|-----------|

***Ward information:***

1. A high number of patients were awaiting discharge from the unit or transfer to a ward that would better suit their needs.

***Health Board response:***

1. Patients needing a bed following surgery are highlighted to the surgical navigator and patient flow team. Transfers will be expedited where necessary but there are delays due to bed pressures. Urgent bed requirements are escalated to the patient flow manager. Patients are kept informed if there are unavoidable delays.

***The unit:***

1. Very little information, including the complaints procedure, was displayed at the entrance of the unit.
2. Not all patients received information about the unit and so were unsure of the facilities that were available to them.
3. Some patients experienced issues with communication, which they felt were causing delays to treatment.
4. Some patients felt that there was not enough room for visitors due to a lack of space and beds being close together.
5. Staff reported that they had concerns about the suitability of the medication trolley due its small size for the size of the unit.
6. The unit did not appear to be a suitable place for patients to stay on a long term basis, however it is not always possible to transfer patients to a more suitable ward.

***Health Board response:***

1. The complaints procedure is now clearly displayed. The names of senior staff for the ward are also displayed.
2. An information leaflet is being developed and information boards are being reviewed and updated where necessary.

3. Ward staff are available throughout the day to answer any questions and can provide details on how to contact Consultant secretaries to arrange timely discussion with the relevant teams.
4. The unit is equipped to accommodate short stay patients and utilises the space to treat a maximum of 17 patients. During times of high escalation and with limited capacity on the hospital site an area is used to accommodate non-day surgery unit patients. A strict criteria is enforced and patients are moved at the earliest opportunity.
5. The unit pharmacist has reduced the amount of medication kept on the trolley. Overflow medications and additional stock are kept in a locked cupboard.
6. The unit is designed for short stay, however, a shower room had been added to the unit. Snacks and beverages are available and links have been made with facilities to provide food and drinks in the department.

***Boredom and isolation:***

1. The Health Board was asked to review whether the facilities to address boredom and isolation were adequate for the unit.

***Health Board response:***

1. A TV is available. A replacement remote is required, however in the interim the channel can be changed manually. It has been arranged that the newspaper trolley will call into the unit as part of its rounds.

***Patient area:***

1. Not all patients had a working buzzer that was within reach.

***Health Board response:***

1. All buzzers have been checked and are fully functional. Staff have been reminded to ensure buzzers are within reach and to replace non-functioning buzzers upon discovery.

**Staff:**

1. Staff did not always introduce themselves to patients before providing care and/or treatment.
2. Not all patients felt that they were listened to when decisions were being made.
3. Some patients reported that they felt the number of staff on duty was not adequate to meet their needs.

**Health Board response:**

1. All staff have name badges and have been reminded of the importance of introducing themselves and obtaining consent before any intervention is carried out. The unit is also allocating cohorts of patients to each nurse so that the patients are aware of who their nurse is for the day.
2. Staff have been reminded of the importance of involving patients and their relatives in decisions regarding their care.
3. Staffing has been reviewed and an additional Healthcare Support Worker has been allocated to the day shift. A theatre assistant also assists the unit between 5am and 6am by providing drinks to patients and undertaking observations. Additional staff are sought based on acuity.

**Comfort and hygiene:**

1. Some patients reported not having enough blankets to be comfortable and not being able to wash as often as they would like.
2. A number of patients had taken pillows in from home and other reported that they would like more pillows to be comfortable.

**Health Board response:**

1. Staff have been reminded of their responsibility to check that patients are as comfortable as possible whilst in the unit.
2. Pillows have been purchased to enable all trolleys to have an additional pillow to the one usually provided for day surgery patients. Staff have been made aware of where these can be located.

***Linen:***

No recommendations required.

***Meal time provision:***

1. Patient feedback about the food was mixed with some patients rating is a '*very poor*'.
2. Some patients reported that their water jug was not changed as often as they would like to ensure it was fresh.

***Health Board response:***

1. The Senior Nurse and Unit manager are working closely with facilities to improve the catering facilities. The area is not deemed suitable for a hot food trolley due to the environment and space limitations.
2. Nursing staff provide water jug changes at present. A hostess trolley providing regular water jug and beverage rounds is being explored. Over bed tables are not possible in the unit so alternative methods of providing drinks to patients are being explored.

**Visits conducted between July 2019 and September 2019 – report awaiting response**

|                                   | Response expected |
|-----------------------------------|-------------------|
| Nevill Hall Hospital 3/2 Usk      | 29.11.2019        |
| Nevill Hall Hospital 4/3 Gwent    | 10.12.2019        |
| Nevill Hall Hospital 2/3 Nantyglo | 29.11.2019        |

**Visits conducted between July 2019 and September 2019 – report not yet submitted**

|                                 | Date of visit |
|---------------------------------|---------------|
| All reports have been submitted |               |
|                                 |               |
|                                 |               |