

EXECUTIVE & CENTRAL COMMITTEES

Visiting Monitoring Report

SUBJECT:	VISITING ACTIVITY
REPORT OF:	PPE/MONITORING & SCRUTINY OFFICER
STATUS:	INFORMATION PAPER
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DATE:	JUNE 2018

PURPOSE

To inform Committees of the CHC's visiting activity and the Health Board's responses following visits undertaken between November 2017 and March 2018.

BACKGROUND

Visits were carried out to emergency departments, community hospitals and general acute wards as part of the CHC Annual Plan. Additional, urgent visits were also carried out to one GP surgery and one community hospital ward.

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Visits from the previous quarter updated with Health Board response

Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
Nevill Hall Hospital	Accident and Emergency	17/08/2017 & 25/08/2017	21/11/2017	Yes
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. Some patients were not kept informed about waiting times. 2. The waiting area could be more comfortable for long waits. 3. An area of flooring was found to be loose which caused a potential trip hazard. 4. The toilets were in need of cleaning and repair. 			
Good Practice Identified	<ol style="list-style-type: none"> 1. High levels of patient satisfaction. 2. Patients were very complimentary of the staff. 			
Response from ABUHB	<ol style="list-style-type: none"> 1. LED display has been set up to advise patients of waiting times in the waiting area. 2. The Health Board attempts to keep waits to a minimum, however, when long waits are necessary the nurse in charge will monitor patient comfort. 3. Flooring repairs had commenced. 4. Remedial work completed. Timescale being produced for a planned programme of repairs and a review of domestic cleaning was being undertaken. 			

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Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
Nevill Hall Hospital	Emergency Assessment Unit	17/08/2017 & 18/11/2017	08/11/2017	Yes
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. Patients were not all aware of the facilities that were available while they were waiting. 2. The level of comfort within the waiting area was not appropriate for long waiting periods. 3. During the night visit the staffing roster was not full. 4. Equipment was cluttering the environment. 5. The night visit found the waiting area to be in need of cleaning. 6. The family room could do with refurbishment. 7. The notice board being used was on view with personal patient information on display. 			
Good Practice Identified	<ol style="list-style-type: none"> 1. High levels of patient satisfaction. 2. The staff maintained patient safety and ensured all patients were well cared for during an extremely busy shift. 			
Response from ABUHB	<ol style="list-style-type: none"> 1. The Health Board explained the facilities available to patients and stated that a nurse is allocated to care for the patients. 2. Comfortable chairs were in the process of being purchased and hot and cold food is to be made available 24/7. 3. The Health Board provided details on the staffing levels that are usually present on the ward and the system in place to cover any absences. 4. Equipment to be stored appropriately when not in use and a Health Care Support Worker will be assigned as a 'housekeeper'. 			

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	<p>5. The unit has a domestic for 12 hours a day. Outside of these hours a Health Care support Worker will assist in domestic duties.</p> <p>6. The family room is a recent addition to the unit and plans are in place to make it more comfortable.</p> <p>7. A new notice board is to be purchased which would prevent breaches of patient confidentiality.</p>
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Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
Royal Gwent Hospital	D4 East	28/08/2017	23/11/2017	Yes
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. Not all staff were introducing themselves before providing care to patients. 2. Some patients felt that the staffing levels were not adequate to meet their needs. 3. Not all patients had a working buzzer. 4. The ward did not have many entertainment facilities available to patients. 5. Some patients felt a quiet rest period would be beneficial during the day. 6. Not all patients were comfortable. 7. Personal hygiene needs were not being met for all patients. 8. Hand hygiene facilities were not always available. 9. Computer screens were found to be left open, compromising patient confidentiality. 10. Information for patients/visitors was not clearly displayed and there was no evidence of information leaflets being given out. 11. The ward lacked storage space and was found to be cluttered. 12. Clinical waste bins were found to be unlocked. 13. The medication trolley was found to be unlocked. 14. The ward only had one working blood pressure monitor. 15. The room available for visitors was very limited. 16. It was reported that some buzzers were being unplugged. 17. There was confusion regarding the use of a staff/storage room as patients were being taken there for quiet time. 18. Not all sharps boxes were secured. 19. The ward experiences linen shortages on weekends. 			

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	<p>20. Hand hygiene facilities were not being offered prior to meal times.</p> <p>21. A tray identification system was not being implemented on the ward.</p> <p>22. Patients were generally not aware of the facilities such as snacks throughout the day and night.</p>
<p>Good Practice Identified</p>	<p>1. The visiting team were impressed with the care staff were providing to the patients on the ward.</p>
<p>Response from ABUHB</p>	<p>1. Ward staff have been reminded of the importance of communicating and introducing themselves.</p> <p>2. The Health Board provided details in staffing levels for the ward and systems in place in the event of absences.</p> <p>3. Spare buzzers have been obtained. Staff have been reminded to check for buzzers during every medication round.</p> <p>4. Radios have been obtained for each bay and patients have access to a newspaper trolley on a daily basis.</p> <p>5. The ward currently has a rest period.</p> <p>6. The ward manager ordered 30 extra pillows and ensured that extra blankets were available. Skin bundles are currently in use on the ward.</p> <p>7. The ward has 3 unisex working showers and has requested funding for an additional 2 showers. The ward manager has ordered shampoo caps for patients that are unable to use the showers.</p> <p>8. Hand sanitizer is available on the ward and only removed when there is an infection. Checking that hand sanitizer is available has been added to the daily cleaning rota.</p> <p>9. All staff reminded to log off computers when they leave them unattended.</p> <p>10. A full Dignity and Essential Care audit has been carried out resulting in information boards being de-cluttered and a patient information leaflet being introduced.</p> <p>11. Excess confidential waste to be removed and used pressure relieving mattresses</p>

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to be removed from the ward.

12. Individual bins on the ward are not locked but opened with foot pedals.
13. All staff reminded of the Health Board medicines management policy. Nurse in charge of the shift to be reminded that it is their responsibility.
14. Since 1 November 2017 the ward has 4 blood pressure monitors.
15. Staff are reminded to remove any equipment that is not being utilised to allow for more space to receive visitors.
16. Buzzers are only unplugged to facilitate moving of beds or if the buzzer/socket is faulty. Spare buzzers have been obtained.
17. Plans have been drawn up to redesign the room into distinct areas which would include; an office, a meeting room, storage and a relatives' room.
18. Staff reminded to ensure sharps boxes are secure.
19. Staff are aware of the linen escalation policy and a hard copy has been placed in the day room.
20. Individual moist wipes have been purchased for those patients who cannot use the sinks.
21. The ward to re-introduce the red tray system with co-operation from the dietetic department and catering.
22. Hot and cold drinks are offered throughout the day and sandwiches and yoghurts are available for diabetic patients out of hours. Cereal and toast is available 24/7.

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Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
Nevill Hall Hospital	3/3 Duffryn Ward	30/08/2017	04/12/2017	Yes
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. Some patients felt that the staffing level was not adequate. 2. Not all patients had access to a working buzzer. 3. Some patients felt that a quiet rest period would be beneficial during the day. 4. The ward does not have a bell entry system and the doors were open upon arrival. 5. Clinical waste bins were found to be unlocked. 6. The clocks on the ward were found to be broken, causing confusion to the patients. 7. The space available for visitors was limited. 8. Some of the curtains surrounding patient beds needed replacing. 9. The ward sometimes experiences issues with linen. 10. Not all staff were wearing an appropriate name badge. 11. Hand hygiene facilities were not offered to all patients before a meal. 12. There was no communication to patients that family members could attend during meal times to assist with eating. 			
Good Practice Identified	<ol style="list-style-type: none"> 1. High levels of patient satisfaction on the ward. 			
Response from ABUHB	<ol style="list-style-type: none"> 1. Staff reminded to respond to buzzers in a timely manner. 2. Buzzers to be checked weekly and staff to ensure that all patients have access to a buzzer/call bell. 3. A quiet time has been implemented on the ward. 4. Risk assessment for entry system has been carried out and work for an access keypad has commenced. Health and safety to undertake risk assessment and costing exercise to consider improving security on all wards. 			

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| | <ol style="list-style-type: none">5. Bins have now been locked and checks put in place.6. Ward has ordered new clocks that are radio controlled and will not need the time adjusting.7. Request has been made for an assessment of the space to see if the wardrobes can be removed.8. Request sent to Works and Estates to cost the replacement of curtains and curtain rails.9. Staff have been reminded of the linen escalation policy.10. Name badges have been ordered for staff.11. Staff have been reminded to offer hand washing facilities to patients prior to mealtimes.12. Ward information leaflets available at the entrance of the ward. |
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Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
St Woolos Hospital	Sycamore Ward	22/09/2017	05/12/2017	Yes
Issues Identified /recommendations	1. A bathroom on the ward was out of use due to needing repairs.			
Good Practice Identified	1. The ward has been awarded Dementia Friendly accreditation. 2. Time spent with the patients highlighted the high levels of care that they were receiving. 3. The decoration throughout the ward attempts to bring the outdoors inside so that patients who cannot leave the ward 'experience' the seasons and different times of the year. 4. The patients benefit from various activities that take place on the ward. 5. Several rooms are available for patients to spend time socialising as well as relaxing and eating. 6. The meal time provision was well organised and staff were proactive in assisting patients. 7. The ward is an exceptional example of a patient centred environment with a cohort of staff who are committed to ensuring the patient experience is of a high standard.			
Response from ABUHB	1. An assessment of facilities indicated that this additional bathroom was not required. Plans are in place to change its function to a store room.			

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Visits conducted between November 2017 and May 2018

Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
Nevill Hall	Ward 4/3 Gwent Ward	21/02/2018	07/05/2018	Yes
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. The ward staff should ensure that they introduce themselves to patients before providing any care or treatment. 2. The CHC would be pleased to receive information regarding the staffing levels on the ward for day and night shifts. 3. The CHC would be pleased to understand what provision is available for patients to make private phone calls or spend time with visitors in a private, comfortable area. 4. Ward staff should ensure patient comfort by checking that they have enough pillows and blankets. 5. Ward staff should ensure that personal hygiene needs of all patients are being met. 6. Ward staff should ensure that all patients have access to hand hygiene facilities before meals. 7. The CHC would be pleased to receive information on the choices available to patients of where they could have their meals. 8. The Health Board should ensure that water jugs are changed at least 3 times per day. 9. The CHC would be pleased to understand whether the lifts are now all fully operational. 			

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	<p>10. The CHC would be pleased to understand whether the lock to ensure safety has been fitted.</p> <p>11. The Health Board should consider whether lockable storage would be beneficial to patients, i.e. if patients are encouraged to use tablets/electronic devices whilst on the ward.</p> <p>12. The CHC would be pleased to received information about how patients are able communicate in their chosen language.</p> <p>13. The Health Board should consider whether an additional supply of pyjamas would be beneficial for the ward.</p>
<p>Good Practice Identified</p>	<p>1. Redecoration work carried out to the internal and external areas of the hospital has made a positive impact on the patient experience.</p> <p>2. The Health Board responded quickly to the urgent issue of the zebra crossing being barely visible.</p> <p>3. Staff were found to be proactive in their care for patients during the visit and worked in a polite and friendly manner.</p>
<p>Response from ABUHB</p>	<p>1. Staff have been reminded to introduce themselves to patients. Senior nurse will promote the 'Hello my name is ...' campaign.</p> <p>2. Information regarding staffing levels was provided by the Health Board.</p> <p>3. The day room is available for patients to make phone calls or spend time with visitors.</p> <p>4. Linen stocks to be reviewed to ensure an adequate supply, and additional pillows to be purchased by the ward.</p> <p>5. Ward staff have been reminded to provide the required assistance to ensure that patients' hygiene needs are met.</p> <p>6. Ward staff to encourage the use of hand wipes prior to meals. The importance of</p>

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this will be reinforced.

7. Patients can have their meals in their bed space or within the day room.
8. Ward staff liaise with Housekeeping regarding water jugs and are encouraged to change these as often as required.
9. The lifts are now fully operational.
10. A plan of works to upgrade all ward doors is in place. A risk assessment has been undertaken regarding the safety of the ward.
11. Patients and relatives are encouraged to take valuables home. The ward is to be reviewed for potential storage solutions.
12. Patients are asked on admission what their chosen language is and have access to interpreters. Patient information can be sourced in other languages.
13. Patients are encouraged to dress during the day as part of the 'End PJ Paralysis' campaign. The purchase of pyjamas is being promoted by the Health Board to the wards.

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Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
Royal Gwent	Ward C7 East	15/03/2018	20/07/2018	No
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. The ward staff should ensure all patients have any additional communication aids required to communicate effectively while on the ward. 2. The ward staff should consider how to maintain patient privacy when discussing care or treatment within a multi-bed area. 3. The CHC would be pleased to receive information regarding the staffing levels on the ward for day and night shifts. 4. The ward staff should ensure that all patients are encouraged to move safely around the ward, where possible. 5. The CHC would be pleased to receive information about what provision is available for patients to meet with their visitors or make phone calls in private. 6. The Health Board should consider whether a quiet rest period would be beneficial to patients on the ward. 7. Ward staff should ensure that all patients have access to hand hygiene facilities before meals. 8. The Health Board should ensure that water jugs are changed at least 3 times per day. 9. Ward staff should ensure all patients are able to perform oral/dental care as often as they require. 10. The Health Board should ensure the correct signage is in place to reduce confusion around the ward. 			

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11. The Health Board should ensure that relevant policies and procedures are displayed for patients and visitors to see clearly.
12. The Health Board should ensure that the Dashboard is updated regularly.
13. The Health Board should ensure that clinical waste bins found in patient areas are locked.
14. The Health Board should ensure that sharps boxes found in patient areas are closed.
15. Ward staff should ensure that fire doors are not obstructed.
16. The Health Board should consider whether lockable storage would be beneficial to patients, i.e. if patients are encouraged to use tablets/electronic devices whilst on the ward.
17. The Health Board should ensure that medication is not left on bedside tables or trays.
18. Ward staff should ensure that equipment such as used wipes and syringes are disposed of appropriately and efficiently.
19. The Health Board should consider whether patients who are not able to leave their bed would benefit from have a waste bin next to their bed.
20. The Health Board should ensure that patient confidentiality is maintained by storing patient notes appropriately.
21. The CHC would be pleased to receive information regarding the timeframe for the conversion of the assessment room.
22. The CHC would be pleased to receive information regarding activities/volunteering on the ward to provide entertainment/stimulation for patients.
23. The Health Board should ensure that adequate supplies of linen are available on

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	<p>weekends.</p> <p>24. The Health Board should consider whether a supply of nightwear would be beneficial for the ward and how pyjamas can be tagged so that they are returned.</p> <p>25. The catering/ward staff should continue to ensure the food trolley is plugged in to maintain appropriate temperatures and deliver food in a timely manner to patients.</p> <p>26. The CHC would be pleased to receive information regarding the process for ensuring patient needs are met with regards to assistance during meal times.</p>
<p>Good Practice Identified</p>	<p>1. Patients were generally comfortable and praise was given to staff members.</p>
<p>Response from ABUHB</p>	<p>Not due at the time of reporting.</p>

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Hospital	Area	Date of Visit	Health Board Deadline to Respond	Response Received
GP Surgery	The Mount Surgery	22/3/2018	18/07/2018	No
Issues Identified /recommendations	<ol style="list-style-type: none"> 1. The Surgery should consider displaying the opening times of both the main and branch surgery outside the building. 2. Patients would benefit from receiving updated information regarding opening hours, emergency clinic times, the appointment system and My Health Online to ensure that all patients are aware of these details. 			
Good Practice Identified	<ol style="list-style-type: none"> 1. The environment was found to be pleasant for patients with an accessible building and adequate parking. 2. High levels of patient satisfaction were found regarding opening times, reception staff, access to the building and the services provided by the GPs and nurses. 			
Response from ABUHB	Not due at the time of reporting.			