

EXECUTIVE & CENTRAL COMMITTEES

VISITING MONITORING REPORT

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

PURPOSE

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

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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Areas Visited, Status of Response and Response Received

Visits from the previous quarter updated with Health Board response

Visit	Royal Gwent Hospital FOU Outpatients	Date	9/7/2018
<i>Patient feedback:</i>			
<ul style="list-style-type: none"> • Not all patients were kept informed if there was a delay. • Some patients did not know where the toilet facilities were because the only sign was in the main reception area. 			
<i>Health Board response:</i>			
<ul style="list-style-type: none"> • Staff reminded to make regular announcements when clinic is delayed. Whiteboard is used to communicate delays in main hall. More whiteboards will be utilised outside clinic rooms. • Clear signage has been put in place to direct patients to the toilet facilities. 			
<i>Arrival:</i>			
<ul style="list-style-type: none"> • There was confusion regarding the signage as some refer to 'FOU Outpatients' and some refer to 'Fracture and Orthopaedic Clinic'. From within the hospital the signage was not adequate to find the clinic. 			
<i>Health Board response:</i>			
<ul style="list-style-type: none"> • Options for signage to be uniform across the hospital site and consistent with patient letters to be discussed with Works & Estates. 			
<i>Department area:</i>			
<ul style="list-style-type: none"> • Clinical waste bins in public areas were found to be unlocked. • Fire notices could not be seen within the unit. 			
<i>Health Board response:</i>			
<ul style="list-style-type: none"> • Clinical waste bins are now checked on a daily basis. • A recent fire audit has been carried out and a 'light up' sign has been requested to be placed above the main entrance/exit doors. 			
<i>Staff:</i>			
<ul style="list-style-type: none"> • Not all staff were wearing a clearly visible ID badge. 			
<i>Health Board response:</i>			
<ul style="list-style-type: none"> • All staff have been reminded to wear a name badge. Ongoing spot checks are being implemented. 			

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Visit	Royal Gwent Hospital – C7W	Date:	9/7/2018
The ward: <ul style="list-style-type: none">• Due to a ward move, some of the signage was not relevant to configuration on the day of the visit.• Very little information was displayed at the entrance of the ward and not all patients were provided with an information leaflet.• Not all hand hygiene facilities contained hand gel.• The Dashboard was not up to date.• The ward does not have a day room and some patients did not have access to resources to prevent boredom and isolation.• Patients were not all aware of facilities in which they could make private phone calls or spend time with visitors.			
Health Board response: <ul style="list-style-type: none">• Ward staff to ensure that temporary signage is displayed when a ward is moved.• Posters and information leaflets will be readily available on the ward including information such as who the senior nurse and ward managers are, visiting times and how concerns should be raised.• Hand hygiene facilities to be checked on a daily basis.• Dashboard should be updated daily. This will be checked on a daily basis.• The ward has access to limited TVs and radios which are provided for patients. Visiting is flexible and encouraged and a newspaper trolley is available. Patients have access to the Chaplaincy room.• Staff have been reminded of a room situated off the ward in which patients can make private phone calls or receive visitors.			
Patient area: <p>No recommendations required</p>			
Staff: <ul style="list-style-type: none">• Staff were not always discreet when discussing care and treatment.• Patients reported that they felt there was not enough staff during the day and night.			

Areas Visited, Status of Response and Response Received

Health Board response:

- All staff have been reminded about confidentiality when discussing care and treatment.
- Staffing is reviewed on a daily basis, unfilled vacancies are booked in with agency and bank staff and deficits are reported to the Executive Board.

Comfort and hygiene:

- Not all patients had access to a working buzzer that was within their reach.
- Some patients could not wash their hair as often as they would like.

Health Board response:

- Ward staff reminded to leave call bell within reach of patients and answer in a timely manner. A spare stock of call bells has been ordered.
- Patients informed that shower facilities and hair products are available. A hair cap is also available for patients who are unable to use the shower facilities.

Linen:

No recommendations required

Meal time provision:

- Blood was being taken from a patient during the mealtime.
- Not all patients were encouraged to, or given the opportunity to use hand hygiene facilities before mealtimes.
- Patients were not always aware that they could have access to drinks and snacks throughout the day and night.
- Not all patients were made comfortable before they ate.
- Catering staff were not wearing hairnets or gloves.

Health Board response:

- Staff have been reminded of the importance of protected mealtimes.
- Staff have been reminded to offer hand-washing facilities prior to mealtimes.
- Staff have been reminded of the importance of offering regular drinks and snacks. High protein drinks available and snacks are stored in the kitchen and are available to patients.
- Staff have been reminded of the importance of ensuring

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patients are ready to eat their meal when it is hot.

- Ward has liaised with catering manager to ensure ward hostess staff wear appropriate equipment.

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Visit	County Hospital Main Outpatients	Date:	17/7/2018
<i>Patient feedback:</i>			
<ul style="list-style-type: none">• Some patients felt that a water dispenser or vending machine would be beneficial to the environment.			
<i>Health Board response:</i>			
<ul style="list-style-type: none">• This will be explored with the Facilities Department.			
<i>Arrival:</i>			
No recommendations required			
<i>Department area:</i>			
No recommendations required			
<i>Staff:</i>			
No recommendations required			

Areas Visited, Status of Response and Response Received

Visit	Chepstow Hospital – Main Outpatients	Date:	20/7/2018
<i>Patient feedback:</i>			
No recommendations required			
<i>Arrival:</i>			
No recommendations required			
<i>Department area:</i>			
<ul style="list-style-type: none">• The pull cords within the male and female toilets were found to be tied up and out of reach.			
<i>Health Board response:</i>			
<ul style="list-style-type: none">• Staff instructed to undo all cords which had been tied up.			
<i>Staff:</i>			
<ul style="list-style-type: none">• Not all staff were wearing a clearly visible ID badge.			
<i>Health Board response:</i>			
<ul style="list-style-type: none">• Staff have been instructed to keep name badges visible when on duty.			

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Visit	St Woolos Hospital – Morgan Therapy Unit	Date:	5/9/2018
<i>Patient feedback:</i>			
<ul style="list-style-type: none">• Patients were not always kept informed if there were delays.• Not all members of staff introduced themselves to patients before providing any treatment.• Staff were not aware of the patient transport process.			
<i>Health Board response:</i>			
<ul style="list-style-type: none">• Staff have been reminded to ensure regular announcements are made if there is a delay during the clinic. Whiteboards will be used to display this information.• Staff have been reminded of the importance of introducing themselves to patients.• Staff are aware of the procedure for booking transport for patients who arrive by transport. These patients are expedited through the clinic.			
<i>Arrival:</i>			
No recommendations required			
<i>Department area:</i>			
No recommendations required			
<i>Staff:</i>			
No recommendations required			

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Visit	Royal Gwent Hospital – Ward B6 E&W	Date:	9/8/2018
<ul style="list-style-type: none"> The ward does not have a hearing loop system. <p>Health Board response:</p> <ul style="list-style-type: none"> Two members of staff are trained in sign language and other staff are encouraged to learn this. Communication cards are available on the ward and a hearing loop has been ordered. 			
<p>The ward:</p> <ul style="list-style-type: none"> Patients were not provided with an information leaflet about the ward. The Dashboard was only displaying information for 5 and 6 August. Patients were not always aware of what was available to prevent boredom and isolation. <p>Health Board response:</p> <ul style="list-style-type: none"> A ward information/welcome leaflet is available and staff have been reminded of the importance of information sharing. The Dashboard should be updated on a daily basis. Opening visiting is available on the ward, volunteers undertake Pet Therapy once a week, activities such as Bingo, ball games, and a lunch club are available daily. The ward has recently obtained funding to convert a room into a day room. 			
<p>Patient area:</p> <p>No recommendations required</p>			
<p>Staff:</p> <ul style="list-style-type: none"> Staff were not always discreet when discussing care or treatment. <p>Health Board response:</p> <ul style="list-style-type: none"> Staff reminded to ensure discussions are discreet. A Carers Clinic will be introduced so that patients and their families have the opportunity to discuss treatment. The Sisters' Office will be utilised to promote privacy and dignity for discussions. 			
<p>Comfort and hygiene:</p> <ul style="list-style-type: none"> Some patients were not able to wash their hair on a regular 			

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basis.

- One patient was unhappy with the denture care that was available on the ward.

Health Board response:

- All patients will be assisted with hair washing if required. The ward has a portable wash basin for those patients who cannot use the showers and a supply of hair dryers, tongs and rollers will be available for use by patients (with assistance if required).
- Oral care equipment such as denture pots are available on the ward for patient use.

Linen:

- The ward did not always have adequate supplies of linen on weekends and Bank Holidays.
- Some patients would benefit from having a supply of nightwear on the ward.

Health Board response:

- Staff are aware of the linen requisition process and escalate concerns to the Ward Manager or Deputy Sister.
- Patients are encouraged to dress during the day. A trial with laundry services is currently underway to allow wards to purchase nightwear for their patients.

Meal time provision:

- Patients were not aware that they had access to snacks during the day and night.

Health Board response:

- Snack menus are on offer. Staff will ensure patients are aware of this and the information will be added to the patient information leaflet.

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Visit	Royal Gwent Hospital – Ward B6 North	Date:	24/8/2018
<ul style="list-style-type: none"> The ward does not have a hearing loop system. <p>Health Board response:</p> <ul style="list-style-type: none"> The ward does have a hearing loop system. 			
<p>The ward:</p> <ul style="list-style-type: none"> Patients were not all provided with an information leaflet about the ward. Patient notes were left unattended and unlocked in a public area. <p>Health Board response:</p> <ul style="list-style-type: none"> A patient information leaflet is available and will be placed in all rooms. This has been updated with information regarding hair washing as a result of the visiting report. The notes trolley is stored within the office when not in use. Staff reminded not to leave the trolley unattended. 			
<p>Patient area:</p> <p>No recommendations required</p>			
<p>Staff:</p> <p>No recommendations required</p>			
<p>Comfort and hygiene:</p> <ul style="list-style-type: none"> Some patients were not able to wash their hair on a regular basis. <p>Health Board response:</p> <ul style="list-style-type: none"> Staff reminded to provide assistance where required. Patient information leaflet has been updated to include that hair care facilities are available to patients. 			
<p>Linen:</p> <ul style="list-style-type: none"> The staff were unaware of the Linen Escalation Policy. <p>Health Board response:</p>			

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- Staff have been given the escalation procedure if linen is unavailable.

Meal time provision:

- Patients were not encouraged to use hand hygiene facilities before mealtimes.
- A tray identification system was not in place to ensure patients received the required support.

Health Board response:

- Highlighted to staff that patients should be offered hand hygiene facilities before eating. Patient information leaflet has been updated to include this topic.
- Patients have a food chart and those patients who require assistance will be highlighted via the nurse at the handover and/or 'what matters to me' boards located at the bedside.

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Visit	Nevill Hall Hospital – 3/2 Usk Ward	Date:	28/8/2018
<ul style="list-style-type: none"> • Staffing levels on the day of the visit were not adequate. • Patients were experiencing delays to be being discharged. <p>Health Board response:</p> <ul style="list-style-type: none"> • Vacancies are high but the Health Board is actively trying to recruit through various sources. Staffing is assessed on a monthly, weekly and daily basis. Agency staff are 'block booked' to allow for continuity of staff where possible. • Discharge plans are commenced on admission and escalated if delays are identified. Discharge coordinators meet daily, ward rounds are conducted twice weekly and patients identified to be transferred to rehabilitation hospital in Blaenau Gwent. 			
<p>The ward:</p> <ul style="list-style-type: none"> • Patients reported there being issues with communication and receiving information from staff. • Patients were not provided with ward information leaflets. • Patient feedback found that visiting children were noisy and tiring during the school holidays. <p>Health Board response:</p> <ul style="list-style-type: none"> • Information leaflets and boards to be reviewed. The Ward Sister is available to meet with patients/visitors and times of Carers clinics will be displayed. • Staff reminded to ensure patients and relatives receive leaflets. • Ward to review visiting times. 			
<p>Patient area:</p> <ul style="list-style-type: none"> • The area was cluttered with commodes and zimmer frames that were not being used. <p>Health Board response:</p> <ul style="list-style-type: none"> • Staff reminded to ensure bays are free from clutter but to be mindful that patients should have easy access to any required mobility aids. 			
<p>Staff:</p> <ul style="list-style-type: none"> • Staff did not always introduce themselves before providing care and treatment. 			

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Health Board response:

- “Hello my name is ...” campaign to be discussed at ward meetings as an item of importance.

Comfort and hygiene:

- Not all patients had access to a working buzzer.
- Buzzers were not being answered in a timely manner.
- Patients reported not being comfortable.
- Patients’ personal hygiene needs were not always being met.
- Patients did not always receive timely assistance when soiled.

Health Board response:

- Staff reminded to report non-working buzzers. Ward clerk to check buzzers daily. Spare buzzers to be available.
- Staff to ensure buzzers are within reach. Staff reminded to respond promptly to calls.
- Intentional rounding to be utilised for patients who are unable to use a call bell for themselves.
- Staff to reassure and report to patients if there will be an unavoidable delay.
- When acuity is high, additional staff are requested to ensure patients’ needs are met.
- Staff reminded to document how patient hygiene needs are met. Patients offered assistance to maintain personal hygiene.
- Staff reminded of importance of timely intervention when patients are wet/soiled. Patients unable to meet their own continence needs are commenced on skin bundles. Staff reminded to complete continence assessment at admission.

Linen:

- Some linen items were not of a suitable quality to be used.

Health Board response:

- Staff reminded of protocol for reporting linen issues.

Meal time provision:

- Some patients were given their medication and some patients had curtains drawn so it was not possible to know if treatment was being provided.
- Not all patients were given the opportunity to use hand hygiene facilities before eating.
- Communication between the medical team and ward staff was

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not effective and some patients were not provided with meals once they were able to eat.

- Patients were not always aware that they could have snacks throughout the day and night.

Health Board response:

- Importance of protected mealtimes discussed at ward meeting.
- Patients that require help with feeding should be identified at the start of each shift and volunteers made aware of these patients.
- Wet wipes are available and staff reminded of the importance of ensuring all patients have access to hand hygiene facilities.
- Changes to care plans should be documented in a timely manner. Ward Sister or Nurse in Charge to attend every post take ward round.
- Ward to identify the best way to order, store and provide snacks.

On the day of the visit the Community Health Council raised a number of urgent concerns with the Health Board. These included:

- ***patients not wearing ID bracelets***
- ***patient buzzers not being responded to in a timely manner***
- ***the ward culture***
- ***patient dignity***

The Health Board responded to these concerns on the day that they were raised. The report submitted to the Health Board reiterated these concerns and an update was requested.

Health Board response:

Since being addressed on the day of the visit:

- Spot-check audits have taken place with regards to wrist bands.
- Audits completed to look at areas of concern.
- Senior Nurse is completing audits on a weekly basis.
- Regular ward meetings held to discuss issues and disseminate learning.

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Visit	Ysbyty Ystrad Fawr – 2.1 Oakdale Ward	Date:	14/09/2018
<ul style="list-style-type: none"> • Only one member of staff was trained to use the hearing loop system. • No information was provided on how patients who do not speak English or Welsh was provided. <p>Health Board response:</p> <ul style="list-style-type: none"> • Staff to contact other areas on site if staff unable to use the hearing loop. Use of alternative forms of communication e.g. written, picture boards, sign language. • Ward staff to be aware of the process to access interpreters. Ensure family members/carers are involved in care. 			
<p>The ward:</p> <ul style="list-style-type: none"> • Information at the entrance of the ward did not include nursing staff levels, complaints procedure of staff information. • Some patients reported having communication issues while on the ward. • The Dashboard was not up to date. • An oxygen cylinder was found to be standing in the corner with no chain to hold it in place. • Patients were not always aware of what facilities were available to prevent boredom and isolation. <p>Health Board response:</p> <ul style="list-style-type: none"> • Welcome board to be reviewed and welcome packs placed in each cubicle. • Communication needs to be discussed and identified during the patient assessment. Care plans to be updated and “This is me” approach to patient care to be adopted. • Monthly dashboard information to be displayed. Leadership walk arounds to ensure information is relevant and up to date. • Appropriate storage to be identified. Staff to ensure equipment is returned to relevant areas when not in use. To be monitored during Leadership rounds. • The Health Board provided details of the facilities and activities available to patients on the ward. Staff to ensure patients are made aware of what is available. 			

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Patient area:

No recommendations required

Staff:

- Some patients felt that staffing levels were not adequate during the day and night.

Health Board response:

- The Health Board provided details of the staffing levels. The ward will display the details of the actual staff on duty for that day.

Comfort and hygiene:

No recommendations required

Linen:

No recommendations required

Meal time provision:

- Patients were not always aware that they could have snacks throughout the day and night.

Health Board response:

- Staff to promote snacks, especially for patients on poor appetite pathway.

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Visits conducted between July 2018 and December 2018 – report awaiting response

	Response expected
Ysbyty Aneurin Bevan Tyleri Ward	11/1/2019
Ysbyty Ystrad Fawr 3.1 Risca Ward	14/1/2019
Royal Gwent Hospital Ward C4 East	14/1/2019
Royal Gwent Hospital A&E	18/1/2019
Royal Gwent Hospital MAU	1/2/2019
Nevill Hall Hospital EAU	1/2/2019

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Visits conducted between July 2018 and December 2018 – *report not yet submitted*

	Date of visit
Nevill Hall Hospital A&E	4/10/2018 & 22/10/2018
Tredegar Health Centre	15/11/2018
North Celynen Practice	26/11/2018
Glyn Ebwy Surgery	6/12/2018
Bryntirion Surgery	12/12/2018