

Appendix C – Improvement plan

Hospital: **Morrison Hospital**

Ward/department: **Emergency Department and Acute Medical Assessment Unit**

Date of inspection: **27 – 29 January 2020**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> Consideration is given to how patients and visitors can be prevented from smoking in the immediate building entrances 	<p>1.1 Health promotion, protection and improvement</p>	<p>Review and revisit “No Smoking” signage at hospital entrances (noting that current impact has decreased due to COVID-19 no visitor policy)</p>	<p>Head of Quality Safety MH</p>	<p>By 30/08/2020</p>
		<p>Reinforce messages as part of routine daily security walkabouts across the hospital site</p>	<p>Security team</p>	<p>June 2020</p>
		<p>Staff are empowered to challenge smokers and remind them that the hospital is a no smoking site in line with</p>	<p>Unit Director</p>	<p>May 2020</p>

<ul style="list-style-type: none"> Appropriate health promotion and well-being information is readily available on ED, AU and all other relevant clinical areas in the health board. 		<p>All Wales Hospital Smoking Ban introduced April 2020</p> <p>Review availability and access to health promotion information including options in relation to digital access on handheld personal devices</p> <p>Bi –lingual QR Code boards to benchmarked across other HB’s and adopted within Morriston Hospital to allow patients/carers access to the latest health promotion/ care information</p> <p>Information displayed on TV screens to be reviewed and updated as required</p>	<p>Heads of Nursing</p> <p>Senior Matron and Head of Q&S</p> <p>Senior Matron and IT services</p>	<p>August 2020</p> <p>August 2020</p> <p>July 2020</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> Consideration is given to how patient privacy and dignity can be maintained throughout the ED and within the waiting areas. Medical and nursing staff maintain patient privacy and dignity at all times when assessing patients in the ED by closing curtains when appropriate, and 	<p>4.1 Dignified Care</p>	<p>All relevant staff reminded about the importance of patient privacy and dignity in the care they provide. For highly sensitive discussions the use of the office space will be used.</p> <p>All relevant staff reminded about the appropriate use of curtains and to ensure curtains are drawn to protect privacy and dignity.</p> <p>Review of areas that may require screens / curtains with actions taken to install/replace as required</p>	<p>Unit Nurse Director/Unit Medical Director</p> <p>Heads of Nursing and Clinical Director</p> <p>Associate Service Director Medicine/ECHO</p>	<p>Completed May 2020</p> <p>Completed May 2020</p> <p>July 2020</p>

<p>using adequate mobile screen in areas such as the decontamination room. </p>		<p>Hospital internal escalation process and actions to be reviewed to restrict the use of the decontamination room to appropriate activities during surge and ensure:</p> <p>Improved segregation/screening to be available should a need arise to accommodate more than one patient in the decontamination room </p>	<p>& Assistant Service Group Manager ECHO</p> <p>Associate Service Director Medicine/ECHO & Assistant Service Group Manager ECHO </p>	<p>September 2020 </p>
<p>The health board must ensure that healthcare and injury management leaflets are available in Welsh, and consider the option to provide each leaflet to be translated and printed in to other languages. </p>	<p>4.2 Patient Information </p>	<p>Bi –lingual QR Code boards will be adopted within Morriston Hospital to allow patients/carers access to the latest healthcare information via personal hand held devices</p> <p>Information leaflets are to be reviewed and translated in accordance with the Welsh Language Act </p>	<p>Head of Nursing</p> <p>Senior Matron - ECHO </p>	<p>August 2020</p> <p>August 2020 </p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> All staff make every attempt to maintain patient privacy and confidentiality when communicating care and plans amongst team members 	<p>3.2 Communicating effectively </p>	<p>Review of handover areas to be undertaken , all staff in ED are reminded not to discuss patient care in public areas</p>	<p>Senior Matron – ECHO</p>	<p>Completed June 2020</p>

<ul style="list-style-type: none"> Staff do not use inappropriate resources for translation with patients, such as other patients, or relatives of other patients. 		<p>All clinical staff are reminded by email and poster to use official translation services e.g. Language Line when practical (it may be necessary for clinical discretion to be exercised depending on the presentation and symptoms of the individual and is in their best interests)</p>	<p>UMD/UND</p>	<p>June 2020</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> The existing plan for addressing the current and ongoing recruitment and retention issues in ED is reassessed, and any new actions are shared with HIW 	<p>5.1 Timely access</p>	<p>Kendall Bluck review, which was commissioned by the executive team, is finalised.</p> <p>Executive team to consider recommendations and action plan.</p> <p>ECHO senior team to review the report findings in the context of post Covid-19 pandemic</p> <p>ED Nursing workforce paper to be presented to Unit Directors for consideration and support</p> <p>Rolling adverts in place for all nursing grades across multiple specialties including ED and Medicine</p>	<p>Associate Service Director Medicine/ECHO</p> <p>Executive director of nursing</p> <p>ASD & Head of Nursing Medicine& ECHO</p> <p>ASD & Head of Nursing Medicine& ECHO</p> <p>Head of Nursing Senior Matron – ECHO & Assistant Service</p>	<p>August 2020</p> <p>September 2020</p> <p>September 2020</p> <p>July 2020</p> <p>June 2020</p>

<ul style="list-style-type: none"> The arrangements for the handover of patients between WAST ambulance crews and ED staff is reviewed and fully communicated to ED and WAST staff, to ensure that there is clarity around responsibility for patient care and staff intervention when patients are required to wait on an ambulance A SOP is developed and implemented for ED staff relating to patient arrivals at main reception and for delayed handover of care from WAST to the ED. This should also include the arrangements for nutrition, hydration and toilet needs. 		<p>Develop a recruitment and retention strategy plan for ED</p> <p>Existing SOP (2018 ver 4) in place and includes agreed arrangements for handover. These are to be reinforced by communicated to staff</p> <p>An agreed SOP (2018 ver 4) is in place and is due to be reviewed in partnership with WAST</p>	<p>Group Manager ECHO</p> <p>Head of Nursing & Assistant Service Group Manager ECHO & clinical Director</p> <p>Senior Matron & ASG Manager</p> <p>ASD & HON with WAST representative</p>	<p>August 2020</p> <p>June 2020</p> <p>Oct 2020</p>
<p>The health board must ensure that staff fully complete documentation and patient care plans, to ensure that patient needs are communicated effectively to maintain consistency, continuity of care and patient safety.</p>	<p>6.1 Planning Care to promote independence</p>	<p>A standardised assessment document which encompasses all the required risk assessments which is currently in place is reviewed to ensure that continuity of</p>	<p>Unit Nurse Director/ Heads of Nursing</p>	<p>September 2020</p>

		<p>care and patient safety through documentation is maintained.</p> <p>All clinical nursing staff are reminded to complete the current documentation and audit support assurance</p>	Head of Nursing	June 2020
<p>The health board must ensure that patients and their families/ carers understand their rights in terms of raising concerns/complaints about NHS care, and that Putting Things Right posters are displayed and leaflets are readily available, to read and take away.</p>	<p>6.3 Listening and Learning from feedback</p>	<p>Posters and Leaflets to be made readily available in multiple areas throughout the hospital</p> <p>Resume All Wales digital patient experience project “Happy or Not” – in a post COVID environment (supports “live” patient feedback in addition to routine trend and theme reporting – part of Shared Service Digital Project within Emergency Dept. across NHS Wales</p>	Head of Quality & Safety	June 2020
		<p>Morrison PALS Team to meet with Snr Matron for Emergency Care to promote “nipping in the bud” approach to poor patient experience</p>	Head of Quality & Safety	July 2020
		<p>Q&S Service Lead for Emergency Care to support department to ensure that PTR information is clearly displayed and available within the Emergency</p>	PALS team and Senior Matron ECHO	July 2020
			Q&S lead for ED	July 2020

Department and Medical Assessment Units as QR code board

Delivery of safe and effective care

The health board must ensure that:

- Cleaning schedules are in place and all areas are regularly audited for cleanliness

2.1 Managing risk and promoting health and safety

Cleaning schedules in place with weekly audits undertaken

Head of Nursing

Completed May 2020

Monthly meetings in place with the domestic team to promote team working and address any concerns.

Senior Matron

Completed May 2020

24/7 domestic cover in place for key clinical areas.

Head of Hotel services

Completed May 2020

Recruitment to vacancies for domestics is achieved

Head of Hotel services

Completed March 2020

- All equipment is checked for cleanliness, and that worn items are repaired or replaced

Any worn items to be replaced through revenue funding if <£5k and capital if >£5k.

Ward Managers and Matrons

September 2020

- The storage of equipment within the corridors is monitored and addressed appropriately and promptly

Estates working through a list of minor works and improvements to address environmental factors

Senior Matron

September 2020

<ul style="list-style-type: none"> • The overall storage facilities on AU and ED are reviewed, to consider appropriate storage to minimise the risk of injury and cross infection • All bins that are not in acceptable working order are replaced in the units inspected, and elsewhere in the health board • • Serious consideration is given to the arrangements for observing acutely unwell patients in the ED waiting areas, particularly in times of increased pressures as a result of patient flow affecting waiting times. 		<p>Storage areas reviewed and procedures in place to ensure appropriate storage of equipment</p> <p>All faulty bins have been replaced</p> <p>Extra HCSW and a target Registered nurse to be deployed as required to support waiting rooms and/or ambulance delays</p> <p>Revise the ED and Hospital escalation process for capacity and include the trigger point for when the HCA and RN are deployed to cover waiting areas </p>	<p>Senior Matron</p> <p>Matron</p> <p>Head of Nursing</p> <p>AD for Echo and Medicine </p>	<p>Completed May 2020</p> <p>Completed May 2020</p> <p>Completed May 2020</p> <p>Sept 2020 </p>
<p>The health board must ensure that:</p> <p>On admission to AU, pressure ulcer risk assessments and skin assessments are completed for all appropriate patients</p>	<p>2.2 Preventing pressure and tissue damage </p>	<p>Following Covid-19 Pandemic we will re-roll out and sense check the implementation and use of the New All Wales Purpose T documentation being used in ED and AMAU and across the hospital</p>	<p>Head of Nursing & ECHO/ Matron – Medicine</p>	<p>July 2020</p>

<ul style="list-style-type: none"> Nursing staff regularly reposition patients and check the patients' skin for signs of pressure and tissue damage on ED and AU Assessments and documentation within the relevant pressure ulcer care documents are undertaken and completed robustly on AU Provisions are made to regularly check the skin integrity of patients waiting on ambulances for prolonged periods of time. 		<p>'Purpose T' audits for pressure care undertaken by Ward manager and Matron for AMAU on weekly and monthly basis</p> <p>Online Training programme in place for all nursing staff.</p> <p>Repeat 'Purpose T' roll out and training</p> <p>Skin bundles and safer rounds documentation in place on AMAU and audited monthly</p> <p>Audit of Pressure area checks in place when patient is assessed in React in ED, documented on Cas card.</p> <p>An agreed SOP (2018 ver 4) is in place and is due to be reviewed in partnership with WAST but includes Skin integrity</p>	<p>Matron AMAU</p> <p>Head of Nursing</p> <p>Head of Nursing</p>	<p>Completed Feb 2020 & continue</p> <p>Feb 2020</p> <p>Feb 2020</p> <p>July 2020</p> <p>June 2020</p> <p>In place and review in Oct 2020</p>
<p>The health board must ensure that:</p>	<p>2.3 Falls Prevention</p>	<p>Falls packs and protocols all in place on AMAU and ED</p>	<p>Head of Nursing Medicine &</p>	<p>Feb 2020</p>

<ul style="list-style-type: none"> On admission to AU, nursing staff must assess all patients for their risk of falls, and ensure patients are re-assessed where applicable, and with the appropriate falls care plan in place Patients in ED are assessed for their risk of falling as appropriate Staff knowledge and skills must be updated and competence assessed with further provision of training in falls management 		<p>Safety Huddles at start of shift identify fall risk patients and record it on signal system</p> <p>Risk assessments completed on admission and updated daily and monitored by Matron via Audit programme</p> <p>Falls meetings every month where we discuss any issues and share good practice with our colleagues</p> <p>Staff completed regular falls update training via the clinical nurse educator and staff nurse study days</p> <p>Falls training is mandatory and included in Induction and monitored via Medicine and Echo Service group board</p>	<p>ECHO/ Matron – Medicine</p> <p>Head of Nursing Medicine & ECHO/ Matron – Medicine</p> <p>Head of Nursing Medicine & ECHO/ Matron – Medicine</p> <p>Head of Nursing Medicine & ECHO/ Matron – Medicine</p> <p>Head of Nursing Medicine & ECHO/ Matron - Medicine</p>	<p>Completed Feb 2020</p> <p>Completed Feb 2020</p> <p>completed Feb 2020</p> <p>completed Feb 2020</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> Proactive management of basic but adequate IPC measures and 	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>IPC discussed during daily 0830 site meeting with information shared across all specialties.</p> <p>Environmental audits undertaken monthly. C4C audits undertaken with</p>	<p>Head of Nursing/ IPC team</p> <p>Head of Nursing & Medicine</p>	<p>March 2020</p> <p>Feb 2020</p>

<p>intervention take place when incidences of infection are evident</p> <ul style="list-style-type: none"> Adequate information is immediately disseminated to all visiting departments with high infection incidence, to minimise cross infection, such as closing doors, and minimising access Investigate why such a large volume of staff (22 nurses), from one area, were cross infected by the Norovirus If an infection outbreak occurs on one side of a ward, then staff from the affected area do not attend and share facilities on a non-affected area. This must also be disseminated to all other clinical departments in the health board Labels to demonstrate that equipment is clean, are used appropriately 		<p>multidisciplinary team, and reported back at Infection control committee.</p> <p>Environmental & Support Services Group & Quality and safety Group Monitor IPC infection indicators, actions and Cleaning standards</p> <p>Clear signage piloted to be implemented In the event of an outbreak in ward/clinical areas this includes door/ward closed</p> <p>Hospital Outbreak Policy reviewed and outbreak meetings to be held in future incidents. It isn't appropriate to retrospectively investigate an incident in Jan 2020</p> <p>Social distancing measures put in place to prevent staff sharing common areas with outbreaks discussed in the daily site meeting(s)</p> <p>Stickers indicating decontamination completed in place.</p>	<p>ECHO/ Matron - Medicine</p> <p>UND</p> <p>Heads of Nursing</p> <p>UND</p> <p>Head of Nursing Medicine & ECHO/ Matron – Medicine & IPC</p> <p>Matron</p>	<p>completed June 2020</p> <p>completed June 2020</p> <p>completed June 2020</p> <p>completd May 2020</p> <p>completed Feb 2020</p>
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<ul style="list-style-type: none"> • Work surfaces and trollies in the ED minor operations theatre are repaired or replaced and kept clean ready for use • All staff clinical staff and relevant administrative staff complete mandatory IPC training. 		<p>Work surfaces and Trolleys removed and replaced with new</p> <p>All staff retrained by IPC team and training compliance is reviewed on a monthly basis at team, service group and Unit wide governance meetings</p>	<p>Matron</p> <p>Senior Matron – ECHO</p>	<p>Completed Feb 2020</p> <p>Completed March 2020</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> • Nursing staff complete nutritional risk assessments for patients, and these are re-assessed as appropriate • All patients waiting on AU for beds must have an oral assessment and care plan implemented where applicable. 	<p>2.5 Nutrition and Hydration</p>	<p>Patients within ED have a nutritional assessment if in the department for longer than 12 hours .</p> <p>Oral risk assessments and nutrition risk assessment completed on admission to AMAU and updated accordingly</p> <p>Above audited monthly by ward manager and quarterly by matron</p>	<p>Senior Matron – ECHO</p> <p>Matron – Medicine</p> <p>Matron - Medicine</p>	<p>Completed - May 2020</p> <p>Completed - May 2020</p> <p>Completed - May 2020</p>

<p>The health board must ensure that:</p> <ul style="list-style-type: none"> • Staff are consistently documenting all aspects of the medication charts • IV fluids are always signed by staff when being administered • Oxygen is prescribed and signed for as applicable <ul style="list-style-type: none"> • Medications are not left unattended on the ED, or other areas within the health board • All applicable staff receive additional training for medicines management or are up to date with medicines management training. 	<p>2.6 Medicines Management</p>	<p>Staff training programme in place for medicines management undertaken by education facilitator.</p> <p>Regular checks being undertaken to ensure IV fluids and medicines/O2 are prescribed and administered and charts are fully completed with spot audits by Matron and Ward Manager.</p> <p>Patients own medicines go in the PODS and TTO's are placed in locked cupboard until patient ready for discharge.</p> <p>New medication PODS and fridge installed on AMAU</p> <p>Staff training programme in place for medicines management undertaken by education facilitator and compliance reported through Medicine and Echo Board.</p> <p>Seek Executive Support for the roll out of electronic prescribing and administration system (EPMA) at the Morrison Site</p>	<p>Senior Matron – ECHO</p> <p>Senior Matron – ECHO</p> <p>Senior Matron – ECHO</p> <p>Matron AMAU</p> <p>Head of Pharmacy – Acute Services</p> <p>Unit Director Nurse</p>	<p>August 2020</p> <p>Completed May 2020</p> <p>Completed Feb 2020</p> <p>Completed Feb 2020</p> <p>Feb 2020 Completed</p> <p>July 2020</p>
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<p>The health board must ensure that all staff within the ED and AU and throughout the health board, have appropriate training with updates on the mental health act, and the DoLS process.</p>	<p>2.7 Safeguarding children and adults at risk</p>	<p>Staff training programme in place with compliance reported through unit Q&S group and service group boards. Compliance to be reached by June</p> <p>Staff safeguarding training throughout the health board is monitored through the HB's Safeguarding Committee and reported to the Quality & Safety Committee</p>	<p>Heads of Nursing/ UND</p> <p>Executive Director of Nursing</p>	<p>June 2020</p> <p>July 2020</p>
<p>The health board must ensure that pain assessments are completed and documented with each patient where applicable.</p>	<p>3.1 Safe and Clinically Effective care</p>	<p>Patients pain score recorded at triage also training in place by ANP team leader regarding analgesia at triage.</p> <p>The use of the HB pain assessment tool is to reinforced by ensuring the pain assessment tool is in patient bedside folders</p> <p>Audit of use of the tool and immediate actions implemented if needed</p>	<p>Senior Matron – ECHO</p> <p>Heads of Nursing</p> <p>Matrons</p>	<p>June 2020</p> <p>July 2020</p> <p>July 2020</p>
<p>The health board must ensure that patient identifiable data and confidential waste are kept securely at all times.</p>	<p>3.4 Information Governance and Communications Technology</p>	<p>The need to keep Confidential waste kept in appropriate secure rooms is to be reinforced</p> <p>The unit to work with estates to ensure suitable frequency of collection of confidential waste is in place</p>	<p>Heads of Nursing</p> <p>AD for Medicine and ECHO</p>	<p>Completed – May 2020</p>

		The IG executive lead to review HB wide actions and report back to SLT if further actions needed	Executive Director for IG	Completed May 2020 September 2020
<p>The Health Board must ensure that:</p> <ul style="list-style-type: none"> All pages of the assessment booklet used within the ED must be completed, and also on the AU Sufficient and consistent information is documented within patients' ED records and other nursing/medical records All entries made within patients' ED records must be signed and dated and contain the name and role of the person concerned. 	3.5 Record keeping	<p>Regular spot audits being undertaken, and training to support record keeping and documentation.</p> <p>Medical staff are reminded on induction and on shift hand overs off the requirement for timely, accurate and signed documentation</p> <p>Findings of departmental ED audits feedback to trainees at weekly firday morning governance meetings </p>	<p>Senior Matron – ECHO/ Medicine</p> <p>Senior Matron – ECHO/ Clinical Director</p>	<p>Completed Feb 2020)</p> <p>Completed feb 2020</p> <p>Completed Feb 2020 </p>
Quality of management and leadership				
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> The issues identified with low morale and other negative staff comments are 	Governance, Leadership and Accountability	Regular monthly meetings in place for multiple staff groups including portering		Completed feb 2020

<p>explored across both departments, and addressed where appropriate</p> <ul style="list-style-type: none"> • • • It reconsiders and evaluates the approach to the effectiveness and overall governance and audit processes currently in place, for both units, the directorate and health board • Consideration is given to how all or most ward staff can attend regular ward meetings • All staff are made aware of the revised Health and Care Standards that were introduced in April 2015. 		<p>and domestic to improve communication team working and staff morale</p> <p>Review to be completed by Unit Nurse Director and taken to HB quality and safety Committee</p> <p>A complete review of the overall governance arrangements for the HB to actioned</p> <p>Newsletter being developed and Microsoft Teams to be used to provide greater accessibility to meetings</p> <p>Awareness to be raised. Meetings already structured to ensure Health and Care Standards are considered</p>	<p>Senior Matron – ECHO and Matron - Medicine</p> <p>Unit Nurse Director</p> <p>Executive Director of Nursing</p> <p>Senior Matron – ECHO and Matron - Medicine</p> <p>Heads of Nursing</p>	<p>August 2020</p> <p>August 2020</p> <p>Complete June 2020</p> <p>June 2020</p>
<p>The health board must ensure that:</p> <ul style="list-style-type: none"> • The issues identified with low morale and other negative staff comments are explored across both departments, and addressed where appropriate 	<p>7.1 Workforce</p>	<p>Regular monthly meetings in place for multiple staff groups including portering and domestic to improve communication team working and staff morale</p>	<p>Senior Matron – ECHO and Matron – Medicine, Clinical director and AD.</p>	<p>Completed feb 2020</p> <p>Feb 2020 completed</p>

<ul style="list-style-type: none"> • • • A robust plan for recruitment is in place for the ED and AU, and is shared with HIW 		<p>Drop in sessions for staff to speak to matrons in place .</p> <p>Exit interviews in place.</p> <p>Wellbeing champions and information Board in place.</p> <p>Kendall Bluck review report which was commissioned by the executive team is finalised and recommendations and action plan from this is considered for implementation and supported by the executive.</p> <p>The report finalised findings are reviewed in the context of post Covid-19 pandemic</p> <p>ED Nursing workforce paper to be presented to Unit Directors for consideration and support</p> <p>Rolling adverts in place for all nursing grades across multiple specialties including ED and Medicine</p>	<p>Matron ECHO</p> <p>Matrons ECHO</p> <p>Matron ECHO</p> <p>Associate Service Director Medicine/ECHO</p> <p>ASD & Head of Nursing Medicine& ECHO</p> <p>Head of Nursing</p> <p>Senior Matron – ECHO & Assistant Service Group Manager ECHO</p> <p>COO</p>	<p>Feb 2020</p> <p>Feb 2020</p> <p>August 2020</p> <p>September 2020</p> <p>June 2020</p> <p>June 2020</p> <p>Sept 2020</p>
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<ul style="list-style-type: none"> • A robust process is in place to manage temporary staffing requirements, and is shared with HIW • Monitoring and auditing is undertaken on the fill rate of shifts against the increased staffing levels committed to the ambulances waiting and the waiting areas of ED • Consideration is given to completing an up-to-date staff satisfaction survey to include ED and AU • A robust process is in place to enable all staff have the opportunity to have a formal personal annual appraisal. 		<p>A whole HB wide service redesign process for acute medicine which includes the AMAU to be undertaken</p> <p>Off duty review by matrons to ensure appropriate numbers of temporary staff are rostered on any given shift.</p> <p>Monthly allocate roster meetings with the UND and corporate team taking place to analyse and audit rosters in addition to service group review meetings</p> <p>Allocate and Bank request system in place to ensure good rostering practice is adhered to and temporary staff used efficiently to maximise patient safety.</p> <p>All staff within SBUHB are actively encouraged to participate in the All Wales Staff survey.</p> <p>Processes are in place to ensure all staff have a personal annual appraisal. Compliance is monitored and discussed at the monthly directorate boards.</p>	<p>Head of Nursing & Medicine & ECHO</p> <p>Head of Nursing & Medicine & ECHO</p> <p>Senior Matron – ECHO and Matron - Medicine</p> <p>Clinical director / Head of Nursing</p> <p>Associate directors Heads of nursing and Clinical directors</p>	<p>June 2020</p> <p>June 2020</p> <p>Completed feb 2020</p> <p>Nov 2020</p> <p>July 2020</p>
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Corporate Actions	Corporate Governance	HIW Final Report and Improvement Plan to be consider by the Quality & Safety Governance Group in terms of the learning to be shared across the Health Board and monitoring the implementation of the action plan.	Head of Quality & Safety	August 2020
		HIW Newsletter to be produced and issued identifying the learning from inspections in 2019/20 and shared through the Units via the Health Boards Quality & Safety Governance Group.	Head of Patient Experience, Risk & Legal Services	August 2020
		HIW Final Report and Improvement Plan (section on pressure ulcers) to be reported to and considered by the Pressure Ulcer Strategy Steering Group to consider any further actions and learning across the Health Board.	Head of Patient Experience, Risk & Legal Services Unit Nurse Director for NPT Hospital (Lead for Pressure Ulcer Improvement Work)	September 2020
		HIW Final Report and Improvement Plan (section on Infection & Prevent Control) to be reported to and considered by the Infection & Prevention Control Committee to consider any further	Head of Patient Experience, Risk & Legal Services Assistant Director of Infection Control	September 2020

		actions and learning across the Health Board.		
Corporate Actions	Corporate Governance	HIW Final Report and Improvement Plan (section on medicines safety) to be reported to and considered by the Medicines Safety Group to consider any further actions and learning across the Health Board.	Head of Patient Experience, Risk & Legal Services Clinical Director of Pharmacy	September 2020
		Quality & Safety Improvement Team to review the final HIW report and improvement plan and consider in terms of the spot check assurance visits of the Ward Assurance program	Head of Quality & Safety	September 2020
		Undertake an internal follow up peer review visit, led by the Corporate Quality & Safety Improvement Team in line with the Ward Assurance programme.	Head of Quality & Safety	December 2020

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Mark Madams |

Job role: Unit Nurse Director |

Date: 16/06/2020 |