

Service Delivery Unit: Morriston & Singleton Delivery Unit Action Plan

Ombudsman Recommendations	Action(s)	Lead	Target Date	Date Completed
Within 1 month				
<p>a) Ensure that all clinicians involved in the patient's care have the opportunity to consider the findings in this report and demonstrate that those individuals whose actions have been criticised have reflected on how they can improve their practice in future (Morriston Hospital & Singleton Hospital)</p>	<p>This issue has been shared with all clinicians involved in the patient's care to ensure reflection is undertaken.</p> <ul style="list-style-type: none"> All clinicians involved in case have been sighted on and had the opportunity to comment on the draft report. Ombudsman Report and Action Plan added to Morriston Unit Q&S Group meeting Presentation in Sisters meeting in Singleton Hospital Case Presentation Medical Audit in Singleton Hospital 	<p>Head of Quality & Safety Morriston Hospital</p> <p>Senior Matron & Clinical Director -Med & USC</p> <p>SSDU Head of Quality & Safety</p>	<p>05.03.20</p> <p>05.03.20</p> <p>05.03.20</p>	<p>Completed 19.02.20</p> <p> Q&S Agenda 26 February 2020.docx</p> <p>Completed 24.02.20</p> <p> SISTERS MEETING MINS.doc</p> <p>Completed 19.02.20</p> <p> ASSURANCE & LEARNING MEETING</p>

<p>b) Remind all doctors in the Emergency Department and the Medical Assessment Unit of the First Hospital of the importance of documenting their attendance and assessment of patients, as well as any examination findings and outcomes (Morrison Hospital)</p>	<p>Final Ombudsman Report and outcomes to the discussed at the following meetings;</p> <ul style="list-style-type: none"> • Emergency Department Q&S Meeting • Medicine Q&S Meeting 	<p>Unit Medical Director</p>	<p>05.03.20</p>	<p>Completed 13.12.20</p> <p> Clinical Cabinet Notes 20th February</p> <p> ECHO Board Aug 2020 b.docx</p> <p>March ECHO Board was cancelled due to COVID-19 - ECHO Board rescheduled & this case has been presented to the August Board</p>
<p>c) Demonstrate that it has appropriate processes in both the First and Second hospitals to enable ward staff to access specialist input from other specialities (Morrison Hospital & Singleton Hospital)</p>	<p>Singleton Hospital have developed a directory and contact details of relevant contacts for referrals</p> <p>Morrison Hospital has placed referral documentation</p>	<p>Singleton Hospital Unit Medical Director</p> <p>Head of</p>	<p>05.03.20</p> <p>05.03.20</p>	<p> Singleton Referral Poster 19th Novemb</p> <p>http://abm.cymru.nhs.uk/intra</p>

	on the intranet	Quality and Safety, Morriston Unit		net/bulletin.php?bulletin_id=12772 http://abm.cymru.nhs.uk/bulletinfiles/12941/nutrition%20final%20subtitled.mp4 http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=12941
<p>d) Apologise to the complainant for the failings identified in this report.</p> <p>Compassionate Leadership Summit – the importance of listening to patients and their families</p>	<p>Apology Letter sent to the Complainant – apologising for the failings, offering to meet with the Chief Executive & complete a Patient Story.</p> <p>Summit attended by the Executive Board and Heads of Departments and will be disseminated throughout the Health Board for all members of staff with Leadership roles to attend.</p>	<p>Concerns Assurance Manager</p> <p>Director of Workforce</p>	05.03.20	<p>Copy provided to Ombudsman</p> <p>Health Board Leadership Event 12.02.20</p>  <p>Compassionate Leadership.pptx</p>

<p>Within 3 months</p>	<p>Confirm Stroke Pathway documentation current and available on Swansea Bay Clinical Online Information Network (COIN)</p> <ul style="list-style-type: none"> • Guidance for Management of Suspected Acute Stroke – Decision-making Aid • Acute Stroke Care Pathway • TIA Management by any Medical Reviewer (Juniors within Stroke or Medical team) <p>Assurance Mechanisms: External Review – Welsh Government Delivery Unit</p> <p>All-Wales Thrombolysis Review: National Report June 2019</p> <p>Unit based monitoring against nationally accepted standards in place via routine Business & Performance meeting</p>	<p>Consultant Lead for Stroke</p>	<p>24.04.20</p>	<p>COIN accessed on 20/02/2020</p> <p> CID1636 ABMUHB Acute Stroke Manag</p> <p> CID254a Acute Stroke Care Pathway</p> <p> CID276 TIA Management (Jobs f</p> <p> 2019.12.24 Ltr from Chris Jones to MDs</p> <p> 2019.12.23 All-Wales Thromboly</p> <p>Sample Unit Report- Jan 2020</p> <p> Performance Top Sheet Report - Strol</p>
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<p>f) Review the training records of all doctors in the Emergency Department, Medical Assessment Unit and the stroke ward of the First Hospital, and provide refresher training to those whose training is not up to date on the recognition and treatment of TIAs and stroke, with particular reference to the most recently published NICE guidance (Morrison Hospital)</p>	<p>Update to be provided with Consultant Lead for Stroke</p>	<p>Consultant Lead for Stroke</p>	<p>24.04.20</p>	
<p>g) Carry out a random sampling audit of patients' nursing records on the stroke wards of both hospitals, with a particular emphasis on completion of nutrition and fluid balance charts, and take action to address any identified trends or shortcomings. (Morrison Hospital & Singleton Hospital)</p>	<p>Spot-check Matron's Audit carried out on monthly basis – Ward F, Morrison.</p> <p>“First Thursday” Audit Programme in place at Morrison. (Announced multi-disciplinary audit – each ward reviewed annually.</p> <ul style="list-style-type: none"> • Undertaken as “peer review” • Immediate outcomes shared on review day – “Safe Care” review includes nutrition and hydration • Ward Action Plan developed • Outcomes/action plan shared at Unit Professional Nursing Forum (PNF) 	<p>Matron – Stroke Ward</p> <p>Head of Nursing, Medicine</p> <p>Morrison Hospital Unit Nurse Director</p> <p>Senior Matron Medicine & USC - Singleton Hospital</p>	<p>24.04.20</p>	<p>Sample Matron Audits Requested from JL</p> <p>Current FoC to be added</p> <p>Last available Audit – March 2019</p> <p> KPI First Thurs Ward F.xls</p> <p> Safe Care.xls</p>

	<p>Nutrition and Dietetics have undertaken an audit of the completion of the Nutritional Screening Tool and actions taken following the screening by nursing colleagues. The Team are working with the matrons and ward managers to develop action plans. The Team will then re audit in approx. three months.</p> <p>As part of the audit, the Team have identified if patients who should have had Food Charts were in situ.</p>	Head of Nutrition		 Copy of Action Plan Ward F (1).xlsx Nutrition & Dietetics were forced to cancel the audit due to Covid-19 they have been rescheduled for November 2020
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