

OFFICIAL SENSITIVE WHEN COMPLETE



HIW Inspection Workbook

DISCUSSION NOTES

Inspection type (e.g. GP, dental, hospital, mental health etc)	<u>Hospital</u>
Health Board / Organisation / Registered provider (delete as applicable)	<u>Uhw</u>
Hospital / Service / Practice (delete as applicable)	<u>Emergency unit</u>
Ward / Unit (where applicable)	<u>AE.</u>
Tracker reference	
Date(s) of inspection	<u>20/6/22</u>
Completed by	<u>XXXXXXXX XXXXXX XXXXXXXX</u>

Date

Time

Signature

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Staff/patient/carer discussion notes

Area/ward	Various
Patient identifier/ staff role	Melanie Webber may bank
Time and date	On arrival 20/6/22

On arrival waiting in holding area that is for admin and huddle. Assessment unit can be seen from doors and male patient walking with open back to gown. Staff all busy but did see to him shortly after. All areas very cluttered with boxes on floor and clutter in almost every location. This will hinder cleaning of the areas. Meal time poster displayed. Fragility team posters on display. Toilet signs were dementia friendly.

Sluice in the area door open and lots of clutter. Urine analysis strip still in the machine. Sharps boxes very full and stuffed with gloves. Sluice daily clean schedule but not completed daily with lots gaps.

Virtual ward

Camhs service causes issues as 16-17 year olds have limited service

Emergency area for minors (old trauma clinic) treatment rooms sharps overloaded.

IV LOUNGE appears not all pts have arm bands but need to check

Vulnerability hub planned in directorate office

In minors trolley area room 06 the meds cupboard door was hanging off with medication in cupboard. Assessment south Other medication rooms door was wedged open with it bag slung over door.

Parker knoll chairs in assessment south's were cracked pic risk, new ones on order but they are extra and not to replace those.

All curtains are disposable but nine in whole department are dated. On arrival area extremely busy. All staff appeared professional and the leaded who met us very professional and knowledgeable

Many areas recently changed as coming out of Covid and 2 weeks ago change to structure. All areas appear in need of decoration with floors, walls, and woodwork having damaged integrity causing pic risk, singable not clear in many areas of department.

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Notes from meeting with consultant in relation to patient flow. 250 pts in beds that do not need them as they are medically fit for discharge. Right bed, first time model being worked towards. Aim to optimise flow and improve outcomes and reduce patient length of stay. Lack of flex in the system due to reduced bed capacity in beds. There are processes to improve discharge and length of stay eg board rounds, daily reviews but these have been in place for a while. Things did start to improve pre Covid but this has wiped all that work out and it's worse than ever for uk national problem. Whole system is backed up with impact of more pts in emergency unit.

Virtual ward in place . Gp pathways to ensure right referrals to right place and they employ gp in the emergency unit to help,with that.

Working towards a pull model,to improve discharges in ward and then they take ownership of beds and pull right patients into their speciality.

Improvement innovation team are doing good work and working on 6 goals policy from WAG. Right care, right place right time.

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