

Freedom of Information Act 2000 - Request Reference FoI/20/236
Various- Stroke Unit University Hospital Llandough

Request details

- 1. I would like to know what the staffing policy is for the hospital on the weekend and how many Doctors that you had working that weekend? Weekend of 16/17 March 2019**

Saturday Daytime: 6 On Call + 1 Winter Additional
Saturday Night Time: 3 On Call

Sunday Daytime 5 On Call + 1 Winter Additional
Sunday Night Time: 3 On Call

Cardiff and Vale University Health Board (the UHB) had a Senior House Officer Gap on Sunday 17th March 2019 that remained unfilled, however the UHB had a Winter SHO additional shift that assumed that post in their absence.

- 2. I would like to know what STROKE training they have had?**

Our Medical workforce will have sufficient knowledge due to their ongoing training through university and into their foundation years. In the UHB all new doctors during their induction have teaching session with our Lead Stroke Consultants to provide further understanding not only of stroke recognition and management but the stroke clinical pathways that exist in Cardiff and Vale Health Board.

Integrated Medicine, part of the medicine clinical board, regularly run lunchtime teaching sessions for all doctors and stroke forms a regular part of these sessions; drawing on real life cases and ensuring academic understanding is seamlessly applied to real patient management. Further work has been undertaken by our stroke consultants to build routine acute stroke management training particularly around thrombolysis, but due to COVID-19 this has been put on hold but the team are looking at reintroducing this scheme.

The doctors, particularly the junior doctors have access to a mobile application which details a variety of clinical guidelines, pathways and protocols to support and guide their clinical decision making in line with best practice, this application is centrally managed by the health board and all information is reviewed regularly to ensure that it is up to date and in line with current evidence based practice.

On the Stroke Rehabilitation Centre (SRC), the multi-disciplinary team aim to arrange and meet within the first two weeks of a patient arriving on the unit. This at times is not possible due to the volume of new patients arriving, professional commitments and periods when patients are not medically fit to engage in their rehabilitation. On SRC, each patient is allocated a key worker, a key worker is any member of the team who has the skills to support and guide patients through the rehabilitation process on SRC. Each patient will be allocated a team member who will act as their Keyworker throughout their time on the Unit.

It is common that a doctor does not always attend goal planning meetings particularly when there are no ongoing medical needs. However, doctors do attend goal planning meetings for those patients that the MDT feel have complex ongoing medical needs that cannot be suitably coordinated by a nurse or allied health professional. We are constantly reviewing our goal planning process and I welcome your feedback, I will ensure that this is feedback to the clinical team to consider and reflect on your experiences.

3. What does the STROKE training consist of? Is it classroom based or on line tuition?

Please refer to Question 2.

4. How often their training is refreshed /renewed?

Please refer to Question 2.

5. I would like to know what the ward policy was for how often a patient should be checked and what should be recorded in the notes.

All patients on admission to a ward will have assessments completed for the following:

- Risk of falls
- Risk of developing pressure damage
- Risk of malnutrition
- Moving and handling risk

Depending on the risk scores this will determine how often a patient needs to be 'checked'. For example if a patient is mobile, good nutritional intake and self-caring of hygiene needs their risk of developing a pressure sore will be low compared to a patient who is bed bound, immobile and malnourished and may need hourly checks of all pressure areas.

Patients who are a very high risk of falls will need to be 'checked' potentially every 15 minutes to ensure they are safe, or if the risk is even higher then we would assign a nurse to provide enhanced care which means that the patient is always visible to the nurse.

Many patients will have 'intentional rounding' in place, which is an individualised document to indicate which care needs require checking on a regular basis – and the nurse will prescribe how often the check is made , this could be every 15 minutes to every couple of hours. Intentional rounding includes the following:

- mobility of the patient and ensure they are sat on the correct mattress or cushion if needed
- a skin area check and documentation to state which position the patient in
- Do they need the toilet?
- Catheter check if required
- Continence care if required
- Nutrition and mouth care
- Ensuring that the patient has items to hand, eg, call bell, glasses, drink etc.

So, it is difficult to have a simple answer for how often a patient should be checked, as this will be dependent on risk assessment and the patient's needs.

If a risk is highlighted then this will be captured on the care plan, which will be evaluated per shift. The Registered nurse is the accountable person for the care plan, but may delegate certain tasks to Health care support workers who would also document in the notes if they have had any interventions with the patient.

6. I would like to know what the NHS policy is in relation to staff using their mobile phones whilst on duty.

Please find attached the relevant document. The document is currently in the process of being updated.

7. What is the NHS Protocol for feeding tubes and transfer between hospitals?

The UHB does not hold this information. Under our Section 16 obligation, the duty to provide advice and assistance I would like to advise you that there is no specific guideline for transferring patients but it would be common sense not to transfer a patient attached to a feed tube due to the risk of the tube becoming dislodged during transit and the risk of aspiration.

8. What are the time limits after an X ray request is made

There are no department performance indicators on the time limit for an x ray . ‘

9. What are the NHS guidelines regarding feeding tubes?

Please refer to the attached document.

10. I would like to know on the weekend 06.04.2019 how many Doctors you had covering the hospital.

The UHB have no record of sick calls for this weekend in question and all established rota gaps were filled according to our records. This means that the day team was staffed in full with 6 doctors (2 SpR, 2 SHO, 2 F1s) and the night team was fully staffed with 3 doctors (1 SpR, 1 SHO and 1 F1).

11. What is the Doctor / Patient ratio for the weekend cover?

The UHB do hold this information, it is dependent on the number of patients admitted on any given weekend.

12. What are the guidelines/ ward protocols for the Gold meeting in terms of timeframe and which medical staff should be present.

The UHB do not hold this information.

13. I understand that the Cardiff and Vale NHS adopt a no smoking policy on their premises, I would like to know it was considered appropriate for Patients to

smoke in the outdoor seating area of the Stroke Rehabilitation Ward at Llandough Hospital.

The UHB does not hold this information.