Freedom of Information Request: Our Reference CTHB_262_19

You asked:

I am writing to you to request the following information used by one of your hospitals the Royal Glamorgan Hospital under the Freedom of Information Act 2000 (FoIA). Please include links or PDF to the information required rather than we follow Sepsis bundle (1000) live.

1. **In regards to the Sepsis bundles used on A&E I would like a copy of the documentation and protocols followed as well as your guidelines on how to record this in patient notes.**

We follow the Sepsis 6 guidelines, see attached flow sheet – Appendix 1.

2. Also your guidelines on documenting Sepsis, for example how the sepsis 6 bundle within patients' notes are completed when sepsis is suspected. Must this be completed at all times and if not would this act as a violation.

The medical admission notes contain a section for sepsis and the Sepsis 6. We also use Sepsis pads which can be used as the sepsis documentation. It would be expected that a diagnosis and/or treatment of sepsis would be documented using these or in formal written notes – Appendix 1.

3. I require a copy of your protocols and guidelines used when treating patients with antibiotics when the patient has Sepsis and/or is suspected of having Sepsis. This should include what antibiotics and therapeutic treatment such as fluid and oxygen are used and when.

The Sepsis 6 guidelines suggest treatment of a septic patient by:

1) Taking blood cultures
2) Measuring the serum lactate and general bloods
3) Measuring the urine output
4) Giving oxygen, if required
5) Giving IV fluid bolus, if required
6) Giving antibiotics

The antibiotic guidelines are found on the intranet and are attached as Appendix 2 and 3.

4. I would also like information on the protocol of sending someone to ITU and when considering placing someone into a medically induced coma and should the patient be consulted first and ones wishes recorded and adhered to.

All ITU/HDU admissions are made on a case my case basis by the ITU Consultant. Taking into account the patient's current presentation, their premorbid status and where possible their wishes. It should be recognised that there are time of extremis where the medical team are required to act in what is considered to be the best interest of the patient

5. Could I please be sent the guidelines followed when accepting someone onto ITU or HDU?

There are no specific guidelines. Patients are admitted to ITU/HDU for an escalated level of care and monitoring including specific therapies that cannot be administered in the ward environment. The patient will be reviewed on a daily basis by the ITU Consultant and team then specific treatment plans and goals are put in place.

6. Also what are your guidelines on discharge from ITU and HDU especially when a patient still requires full care in all aspects of daily life and kidney function has not returned to normal or an acceptable standard?

Patients are discharged to the general wards when they are deemed well enough to leave. This is done with the agreement of the ITU Consultant and the accepting ward medical team. All ITU/HDU discharges are also followed up by the Critical Care Outreach Team.

This is a consultant anaesthetist decision with the appropriate responsible consultant based on a patient's condition. There will be liaison with UHW renal team. A management plan of care will be in place prior to the transfer of a patient from critical care to a level 1 bed.

7. Once a patient has been declared flu positive on a ward can I receive the protocols and guidelines used in regards to medical staff, PPE (Personal Protective Equipment) practises undertaken in regards to patient safety and wards on lock down. This should also include the guidelines followed by medical staff and domestics when opening up a lock down ward and cleaning of the previously infected area.

Please see Appendix 4a and 4b.

8. What are your protocols in regards to patient notes and recording information?

Adherence to the NHS Wales records management http://www.wales.nhs.uk/governance-emanual/standard-20-records-management . Where any issues or concerns are identified this is reported via the UHB's Incident Reporting procedure and investigated thoroughly with the appropriate action taken.

9. Must all pages relevant to a patient and requested by a doctor be completed and if not or only partially completed is this considered a violation?

All registered or qualified health care staff are required to maintain their professional codes of conduct in relation to patient records. Where any issues or concerns are identified this is reported via the UHB's Incident Reporting procedure and investigated thoroughly with the appropriate action taken.

10. What is the protocol for doctors to follow when nurses repeatedly fail or incorrectly complete a patient notes?

The error identified must be reported using the UHB's Incident Reporting procedure and investigated appropriately. Any actions identified are put in place within an appropriate time scale. Workforce and Organisational Development policies are also available if there are issues in relation to the competency of the practitioner or if required the disciplinary policy could be utilised.

11. When a patient is involved in a conflict with a nurse or doctor in regards to incorrect care received must this be recorded within patients' notes?

All episodes of care should be accurately captured within the patient record. Where an issue is identified, this must be clearly recorded with the escalation and necessary action in order that resolution is obtained.

12. Are there any protocol and/or guidelines to follow including the use of PALS (Patient Liaison Service). This should also include any protocol to follow when a patient is for want of a better word bullied by another patient causing seer mental harm?

Any incidents that occur between patients must be reported via the UHB's Incident Reporting Procedure. In some situations the Safeguarding policy may be evoked. Family members may be communicated with or any other advocate if required.

13. Must an incident report be filed when conflicts occur due to bad care in regards to a patient and is so who should initiate the protocol or incident report a doctor or the ward sister?

Where a patient safety issue is identified this must be reported via the UHB's Incident Reporting procedure and investigated thoroughly. This should be undertaken by the registered or qualified health care professional with responsibility for the patient's care

14. What are the guidelines to follow in regards to patent care and working with the patient to ensure ones choice is mutual. If a patent requests a certain treatment which is not excessive and will not hinder the recovery of a patient such as removal of a catheter due to pain and it is hindering the patient's physical recovery, should this be undertaken especially when the catheter is only used to record urine output and is not being record adequately in the first place by the nurses? The same question in regards to medical treatment when the patient is not being listened to in regards to reactions from the medications and the refusal of returning to previous medications which caused no reactions and would greatly benefit the patient?

We are not able to respond to specific aspects of patient care however, the multi professional teams are required to adhere to the UHB's Consent Policy – Appendix 6.

15. What are your guidelines in regards to using a hoist when a patient is bedridden and cannot leave the bed without it? Is there any protocol not allowing nurses to use the hoist at night for a patient to use the

bathroom as a bedpan is not suitable for the patient and the doctor ad physiotherapists have already requested several times for it to be used?

Nursing staff must adhere to the UHB's Safer Handling policy which includes the Patient Handling Technique Manual. This requires for example that a Registered Nurse must undertake a mandatory manual handling risk assessment within 6 hours of a patient's admission and review appropriately during the inpatient stay. Based on the outcome of the risk assessment the plan of care is devised. This includes any equipment required. There is no protocol in place regarding the non-use of a hoist by night.

16. When a complaint is made on the ward to the ward sister especially in regards to serious issues arising and impacting on patient safety is it ones job to rectify these or process a patient's complaint. Especially when a patient is unable to complete a written complaint due to recovery and feels the issue needs an immediate response? What are the protocols and guidelines for this?

Any serious patient incident must be reported via the UHB's Incident Reporting Procedure. The incident is investigated within the correct time frame.

The concern will be responded to in line with Welsh Government Putting Things Right Guidance. The NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 came into force on the 1 April 2011 and apply to Welsh NHS bodies, Primary Care Providers in Wales and Independent Providers in Wales providing NHS funded care.

17. I would like some information if it can be provided on the exact nature of Ward 12 such as is it a recovery ward etc.

Ward 12 is a general medical ward. Patients nursed on ward 12 include General Medicine, Care of the Elderly, Gastroenterology, Endocrine and cardiology.

18. Are there any protocols and guidelines in regards to admitting patients to a ward and choosing the best ward equipped for ones needs?

Please see attached the process for emergency medical admissions – Appendix 7.

19. Which ward would have been the best for a patient with kidney dysfunction but improving with the main medical issue being physical recovery as being bedridden and unable to walk or even sit up in bed or turn unaided?

Patients with an Acute Kidney Injury could be nursed on any of the medical wards these include the Acute Medical Unit or Wards 12, 14, 19 and 20.

20. Do you have a ward that is equipped to deal with such patients enabling physical recovery in a safe environment with the correct equipment?

This would be any of the general wards across the acute site.