

**Imperial College Healthcare NHS Trust's Response to Healthwatch Central West London  
Assessments carried out on wards 6N and 6S, Charing Cross Hospital 16<sup>th</sup> – 18<sup>th</sup> December 2013**

**This response has been prepared based upon the 8 recommendations made for ward 6N and 6 recommendations made for ward 6S in the report of the Healthwatch assessment.**

**Ward 6N**

Recommendation	Response	Action to date	Lead and timeframe
1. Add some welcoming touches to the dayroom such as artwork on the walls and books and magazines on the tables. Make it a place where patients can feel comfortable and relaxed and away from a clinical environment.	Agreed  Public access free WiFi is available to patients and relatives, to access online reading material and/or audiovisual material such as online radio and TV services via personal devices	<ul style="list-style-type: none"> <li>Review and loan of artwork from the Trust Art Committee and preliminary work underway to commission bespoke murals for oncology areas</li> <li>Examine the feasibility of applying to the Charity for a grant to invest in activities for patients</li> <li>Matrons on 6<sup>th</sup> floor to review best practice in hospice care to understand whether there is any practice around end of life care that is transferable to the acute setting to improve patient experience</li> </ul>	Lead Nurse – one month  Matrons – two months
2. Ensure that repairs on toilets and bathrooms are carried out promptly and any issues cause minimal disruption to patients and visitors.	Agreed  The report also details unpleasant odours in the toilet	<ul style="list-style-type: none"> <li>Repairs have all been actioned</li> <li>Air freshener supplied to the toilets</li> </ul>	Complete  Ward manager/ISS
3. Make sure that the entrance door to the ward is always closed and visitors are granted access by staff.	Agreed  The entrance doors should always be securely closed, with the exception of visiting times. Any security issues are reported & investigated in accordance with Trust policy.	<ul style="list-style-type: none"> <li>Feedback to Ward Manager and nursing team to keep doors closed and secured outside of visiting times and to immediately escalate any issues</li> </ul>	Lead Nurse – one month

<p>4. Check that nurses are visiting all patients on an hourly basis to see if there is anything they need.</p>	<p>Nursing staff in the Trust currently undertake 'intentional rounding' which requires staff to review patients hourly to assess that the fundamentals of care are being delivered to patients. Intentional rounding includes staff identifying themselves to patients and making an assessment of:</p> <ul style="list-style-type: none"> <li>- Toileting needs</li> <li>- Pain</li> <li>- Hydration</li> <li>- Patient understanding of current care and treatment</li> <li>- That the call bell is within reach</li> </ul> <p>This assessment is supported by clear documentation in the health record and compliance is formally audited monthly, is included in patient experience surveys and monitored formally &amp; informally during walk-arounds by the senior nursing team</p>	<ul style="list-style-type: none"> <li>• Continue to embed intentional rounding</li> <li>• Continue to monitor performance with formal audits through divisional quality board and/or divisional People and Patients board</li> <li>• Continue with formal &amp; informal monitoring and feedback during senior nursing walk-arounds</li> <li>• An amended intentional rounding checklist has been drafted for use in patients at the end of life as part of the Trust End of Life Care working group (chaired by Lead Consultant in Palliative Care). This includes staff identifying themselves to patients and making an assessment of symptoms associated with palliative care including pain, shortness of breath, bowel/bladder care, pressure area care &amp; mouth care.</li> </ul>	<p>Senior ward team</p> <p>For ratification at Patient Centredness Board</p>
<p>5. Ensure all patients can reach the cords of their call bells as soon as they are admitted to the ward.</p>	<p>Agreed – as response to Recommendation 4 (above)</p> <p>Nursing staff advised to document that they patients have been orientated to the clinical area (to include call bell within reach) on the Nursing Admission Form (under 'maintaining a safe environment')</p>	<ul style="list-style-type: none"> <li>• Continue with monitoring of performance through divisional quality board and/or divisional People and Patients board</li> <li>• Continue with formal &amp; informal monitoring and feedback during senior nursing walk-arounds</li> </ul>	<p>Senior nursing team – on-going</p>

<p>6. Make sure no cleaning takes place during mealtimes so that patients are able to eat without disturbance.</p>	<p>The Trust has a Protected Mealtimes Guideline which outlines the key expectations for all staff in delivering a mealtime that is without disturbance for patients.</p> <p>Adherence to the key principles are formally audited monthly and monitored formally &amp; informally during walk-arounds by the senior nursing team</p> <p>Quality ward rounds (separate to clinician led ward rounds) to examine standards relating to nursing, to include access to call bells</p>	<ul style="list-style-type: none"> <li>• Share this report with key members of the team delivering the meal service on the ward (to include the nursing team and the ISS team)</li> <li>• Re-launch protected mealtimes on the ward</li> <li>• Escalate cleaning issues to ISS for action</li> </ul>	<p>Senior nursing team – on-going</p> <p>Lead Nurse/Matron – during March 2013</p> <p>Micheal Nunes (ISS) – one month</p>
<p>7. Aim to give all patients a specific time for their discharge so that they are able to make plans to get home and are not left waiting around all day.</p>	<p>Discharge planning commences on admission to the hospital. An Estimated Day of Discharge (EDD) documented on admission to ward and on-going EDD maintained on iWard (electronic bed management system). Patients in this group have particularly complex needs around discharge, but they and their carers are encouraged to become actively involved in this process.</p> <p>Adherence to effective discharge planning is monitored through patient experience surveys, the results of which are feedback to clinical staff in real time</p>	<ul style="list-style-type: none"> <li>• EDD is included on above bed patient information board and staff are expected to actively engage patients and relatives in the discharge process. This report will be shared with members of the multi-disciplinary team in order to continue to drive efficient and effective discharge in partnership with patients and relatives.</li> <li>• Targeted discharge from in-patient areas by 11am. This will be facilitated by a new discharge lounge where patients will be given the opportunity to wait in more comfortable surroundings away from the clinical area. Members of staff in this area will be focused on ensuring patients' medications are available and patients can be discharged in a timely manner.</li> <li>• Where delays are unavoidable, staff are to provide patients with clear timescales and actions that have been taken</li> </ul>	<p>Chief of Service (for dissemination to junior doctors), Lead Nurse (for dissemination to ward staff), Ward Pharmacists</p> <p>Jenny Martin</p>

<p>8. Improve communication between ward and pharmacy so that medication is available to patients upon discharge.</p>	<p>Agreed</p>	<ul style="list-style-type: none"> <li>• Lead nurse to disseminate findings to nursing team</li> <li>• Report shared with ward pharmacist</li> <li>• Report shared with clinical lead for the service for circulation to junior doctors who are responsible for completing discharge summaries (which include prescriptions for discharge medicines)</li> </ul>	<p>Professional leads</p>
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**Ward 6S**

<p>1. Look at refurbishing the ward as soon as possible and replacing old furniture.</p>	<p>Agreed</p>	<ul style="list-style-type: none"> <li>• Capital bid currently being prepared for refurbishment of 6S</li> <li>• Conduct furniture audit to identify fitness-for-purpose &amp; produce costings for replacement programme for divisional review</li> </ul>	<p>Signed off by investment committee in principle subject to final re-tendering</p>
<p>2. Find ways to brighten up the ward either through improved lighting or brighter décor.</p>	<p>Agreed</p>	<ul style="list-style-type: none"> <li>• Liaise with estates regarding a review of the lighting</li> <li>• Review and loan of artwork from the Trust Art Committee</li> </ul>	<p>Lead Nurse – two months</p>
<p>3. Make sure patients do not have to wait longer at night-time to have their call bells answered.</p>	<p>Agreed</p> <p>Work has been undertaken and continue to review ward staffing levels in accordance with Trust policy to ensure the ward is staffed appropriately at night and to ensure that vacancies are filled and sickness/turnover kept to a minimum</p>	<ul style="list-style-type: none"> <li>• Lead nurse to disseminate findings to nursing team</li> <li>• This will be monitored through a number of initiatives to include ‘Back to the Night’ (out of hours spot-checks conducted weekly), Falls care bundle audit (conducted monthly as part of regular nursing quality assurance) and patient experience survey</li> </ul>	<p>Lead Nurse – one months</p>
<p>4. Ensure bathroom and toilet repairs are carried out promptly.</p>	<p>Agreed</p>	<ul style="list-style-type: none"> <li>• Repairs have all been actioned</li> </ul>	<p>Complete</p>

<p>5. Ensure food and drinks are available to patients at all times.</p>	<p>Meal service three times a day, with drinks service three times a day. Hot drinks, biscuits and fruit are available on demand. Additional snack boxes (sandwiches, fruit etc.) are available outside of these times.</p> <p>Patients 'at risk' are reviewed by the dietetics service and those patients identified as having specific dietary requirements have a nutritional care plan which may include fortified meals and prescribed nutritional supplements.</p>	<ul style="list-style-type: none"> <li>Ward staff encouraged to offer patients food and drink routinely, as part of intentional rounding (see Recommendation 4)</li> </ul>	<p>Matrons and Ward Manager</p>
<p>6. As with 6 North Ward, ensure patients have a specific time for discharge rather than left to wait around all day.</p>	<p>Agreed</p>	<ul style="list-style-type: none"> <li>As actions for Recommendation 8 for 6N</li> </ul>	