

Health Watch Action Plan: Ward 2
Visit held: 08 December 2016 and 12 January 2017

Date: 26/04/17

	Issue	Action	Responsibility	Status & Expected Completion Date (RAG)	Assurance & Evidence
Action					
1.	For staff on Ward 2 to ensure there are robust procedures in place to distribute ward information and carer packs and to monitor the effectiveness of distribution	This has been added to the ward admission list. All staff to document this action on RIO as part of the admission process. Add to the community meeting agenda.	All Staff	Completed	Monthly audit Weekly discussion in community meeting.

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2	For Ward 2 staff to ensure there are robust procedures in place for giving patients a copy of their care plan including updates following reviews and to monitor effectiveness of this action.	Lead nurse for care planning identified. Training for all staff Monthly audit Add to the agenda for community meetings and business meetings.	RMNs Ward 2 Ward Manager Ward 2	Completed	<ul style="list-style-type: none"> • Monthly audit. • Supervision records • Business meeting minutes • community meeting Minutes
3	To ensure all patients are aware of the potential therapeutic benefits of 1:1 time with nursing staff and other members of the MDT. To ensure that staff regularly offer and reoffer this regularly	A poster is now in place on the allocation board and in each patients bedroom All staff to discuss in with service users. Staff to ensure 1:1 is offered each shift. Record this engagement on RIO. Discuss effectiveness with service users in community meetings.		Completed and ongoing	<ul style="list-style-type: none"> • Monthly Audit • Community meeting minutes.

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4.	There was no evidence to indicate that whether patients are able to express a gender preference for their doctor, Named Nurse and assurance is required that this is respected to the extent possible	Named nurses allocation will be discussed with the service user on admission with consideration to allocating gender specific requests. This will be recorded on Rio progress notes. Requests for gender specific medical staff are met with co working between medical teams.	Named nurses	Ongoing	Audit and RIO entries
5	MDT to consider whether there are any further ways of helping vulnerable female patients feel and be safer in the mixed ward environment.	Regular 1:1 engagement. Promotion of the use of female only areas on mixed wards ie quiet female lounge. Discussion in community meetings.		Ongoing	<ul style="list-style-type: none"> • Audit of 1:1 engagement • Community meeting minutes
6	The team to consider possible ways to alert all patients to the value of giving feedback, in particular through the Real Time Feedback system	For discussion in 1:1 Discussion in community meeting Discussion in business meetings This is a standard agenda item in the Ward's weekly Community meeting. The Ward Manager attends the Patient Acute Care Forum monthly meeting with Carers.		Completed	<ul style="list-style-type: none"> • Audit evidence of potential increase in RTF feedback.

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7	Ward 2 to review the placing of displays and notices on the ward to make useful information more readily accessible to patients	There is a lack of wall space due to the design of the ward. Leaflet holders have been introduced to address this issue and display posters where possible.	Ward Manager	Completed (leaflet holders)	Leaflet holders and displays visible on inspection Peer reviews and 15-step visits
8	Ward 2 to consider the possibility of displaying individual information such as the identity of the patient's Named Nurse in patients' rooms	Laminted posters have been placed in each room with ward information identifying the named nurse. This will be shown to the service user during orientation to the ward on admission. Weekly checks by ward staff	Ward Manager	Completed	<ul style="list-style-type: none"> Weekly ward checklist
9	Ward 2 staff to develop a statement of its "philosophy of care" in keeping with the published values of the Trust and displaying this on the ward	This has been completed and is displayed in the entrance to the ward.	Ward Manager	Completed	Visible on inspection
10	The Trust to consider the possibility of giving the ward a name rather than just a number to promote a shared sense of identity	The issue of naming wards will be raised at a Trustwide level	Clinical Director	For further discussion	
11	Ward 2 to enlarge the Welcome notice in the reception area	This action has been completed		Completed	Visible on inspection

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12	Ward 2 to consider the scope for practical noise reduction measures in the communal areas	Noise levels in the communal area vary throughout the day. There are quiet rooms available which service users are aware of	All ward staff	Ongoing	
13	More generally, we would wish to encourage as much as possible the development of a consistently friendly and informal atmosphere on the ward, including more personal, potentially therapeutic interaction between nursing staff and patients so that all patients, even those harder to reach, may benefit from feeling listened to and able to raise any concerns	Discussed in business meetings and recent team away day. All staff to actively promote this culture on the ward .	All staff	Ongoing	<ul style="list-style-type: none"> • Feedback from service users, families and carers • Internal 15 step visits.
14	The Trust will use the advent of Service Line Management to ensure that staff working in similar wards across the Trust will increasingly be able to learn from each other and thereby spread best practice.	This point has been addressed with service line management. There are monthly Quality, Safety and Governance meetings with standardised terms of reference attended by the ward managers, inpatient consultants and matrons. Matrons across the the acute care pathway are working to ensure standardised practice across the wards	Service line management team	Ongoing	Agenda and minutes of Quality Safety and Governance meetings, and service line Integrated Q&SG meeting