

Response to Healthwatch Wandsworth Report: Enter and View Visit to Senior Health Wards at St George's Hospital 12th and 14th September 2017

Recommendations	Response
Ensure that patients do not develop new pressure ulcers	The ward staff undertake intentional rounding which is documented and includes stating if there is any evidence of issues with skin integrity. On admission the Nurse in Charge will review skin condition as part of the patient assessment. Pressure areas are checked on a daily basis as patients are washed. Pressure ulcer prevention scores (PUPS) are checked weekly or on any change in condition. Change in patient position is performed and documented 2-4 hourly depending on the patients' needs. Datix forms are completed for any evidence of pressure damage and any grade 3 or 4 undergoes a root cause analysis to develop learning points. Good links with tissue viability ensures early specialist management of any pressure areas identified.
Patients are helped appropriately while eating and drinking and proper hygiene standards are maintained at mealtimes	Meal champions will monitor preparedness of patients including providing patients with cleaning wipes and ensuring bedside tables are ready for the meal service. Meal time champions also ensure the patients are in the position of their choice, to ensure the most comfortable position for eating their meal. All 3 Senior Health wards use the red tray system to ensure patients with high needs are identifiable and helped with their meals. Patients who do not need assistance are served their meals in a first round, and those requiring assistance are served later when staff have the time to assist.
Help patients to communicate their needs more effectively e.g. through the consistent use of pictorial menus	Staff assess patients on their individual needs and understanding of food available. Pictorial menus are available if language, cognitive or other communication impairments are evident.
Prioritise the maintenance of patients mobility levels at or above those on admission	Senior health wards have enhanced therapy provision compared to other general medical wards to ensure patients mobilise as best they can. The service is planning to undertake a review of therapy support across all wards, with a view to providing cover across 7 days and implement the STAR model on Amyand ward (Acute Senior Health Unit) in 2018/19. This will be subject to a successful business case. As a department we are looking at introducing the 'Stop PJ Paralysis' campaign to raise awareness of the importance early mobilisation across all multidisciplinary team members.

Ensure that patients are treated with dignity and respect at all times and that they are involved as much as they are able to be in decisions about their treatment and future	We aspire to this at all times. Daily ward rounds are undertaken and patients are involved decision making if cognitively able to do so.
Increase the amount and quality of interaction between staff and patients through communication and conversation when providing care, observations and treatment	We are looking at ward processes to see what we can change to allow staff to be in the bays with patients for more of the working day. This includes pharmacy and drug rounds.
Pay more attention to patients personal appearance to include hair washing and hair dressing as appropriate	Nursing establishment on the Senior health wards is reflective of the higher needs of our patients. We will undertake training with staff to reiterate the importance of personal appearance, e.g. combing hair.. We will review the availability of grooming equipment on our wards and ensure easy access for staff
Pay more attention to the emotional needs of patients, including identifying signs of depression and where appropriate considering referral to the expanded older peoples sub team of the liaison psychiatry service	Staff routinely assess cognition, mood and behaviour on the daily ward rounds. Staff will then continue to assess and escalate where appropriate.
Address the need for patients to have meaningful ways to be occupied whilst in hospital	All Senior Health wards have a dementia trained volunteer who has committed time to provide activities for patients. Heberden has a volunteer twice a week; Amyand and Rodney Smith have a volunteer once a week. The volunteers speak to the nurse in charge about who they feels needs assistance. Some of the activities they do will be to sit and read and speak to patients. Unfortunately in the current financial climate the music therapy service has been stopped. When charity and patient funds are available this is a priority.
REACH out or similar documentation should be completed for all patients	We agree and are working with staff to complete this for patients who do not have this already available. St Georges is working closely with Commissioners on the Red Bag Scheme, which provides this information for care home residents admitted to hospital.
Targeted training and supervision and peer review across wards	Through the Quality Mark assessment process we have undergone peer review and feedback. We aim to apply for reaccreditation at the end of the 2 year period. We are committed to providing additional training for our nurses (currently have staff

	undertaking modules in dementia care, mental health, older persons leadership course)
Review of current staff resources across senior health	Annual staffing establishment reviews with the Chief Nurse are undertaken
The Trust should make every effort to treat older patients with full mental capacity on general medical wards, if necessary by providing additional support to these wards	Older patients with full mental capacity often have complex medical comorbidity and multi-professional needs best met on a Senior Health ward. The staffing and expertise available for these patients is focussed within Senior health, and is very different to the General medical wards. While we appreciate patients can be distressed by noise caused by others we believe that the entirety of their needs should be considered and not just this one component.
Ensure that on the Senior wards, those with mental capacity are treated appropriately as well as being fully involved in their treatment decisions rather than assuming others will fulfil this role.	We aspire to this at all times. There are logistical difficulties to ensuring that all patients are included in wider meetings about their care, as often it is difficult to physically get patients into our meeting rooms. We would however, always ensure patients have been included in decisions about their care.
Consider whether the refurbishment of the senior health wards provides the service to address how the needs of those with greater mental capacity and physical frailty can best be met	The Trust Charity has donated £200,000 to the improvement of the environment for patients with a diagnosis of dementia. We are working closely with them to look at how this can be used for best effect.
Consider whether there is a role for “carer champions” among ward staff	The name of the shift nurse is written above the bed and there is a nurse in charge who has overview of the ward. The Trust is committed to ensuring patients carers are informed. There are “Don’t take your troubles home” posters on all wards identifying the ward manager and Matron for each area and providing contact details.
Nurses and medical staff should ensure that carers and family members are regularly updated about the progress of their relative and that they are offered opportunities to raise questions and concerns on a regular basis.	The Trust is committed to ensuring patients and carers are informed. There are “Don’t take your troubles home” posters on all wards identifying the ward manager and Matron for each area and providing contact details.
Ensure that each ward has a permanent, rather than a rotating discharge co-ordinator so that good and consistent practice can be developed	This is already in place
Ensure that the discharge co-ordinator role formally includes liaising with families so that	Where patients with full mental capacity have given permission we will aspire to do this. We will look into a Trust wide review of the job description for discharge co-ordinators

carers and partners of patients are fully involved in all stages of the discharge process	
Enact flexible visiting times for carers and close family members for all patients on senior health wards, not just those with dementia or on the butterfly scheme, and adjust the notices at entrances to the wards to reflect this	Chief nurse is working with the corporate nursing office to review the current visiting times and how these are advertised. The Senior health wards do allow open visiting as required. The Senior Health, and ward websites are currently under review.
Brief information packs should be provided for all wards	We will review the wards and discharge leaflets and embed it in practice that staff hand these out to all new patients. There are poster up about how to make a complaint and staff will provide leaflets if required.
Ward environment	Most of these points will be addressed through the Trust wide ward refurbishment process which plans to make all wards dementia friendly. We will order light weight visitors chairs. Radio access is free and does not require activation Volunteers have access to activity boxes to help patient engagement TV and Wi-Fi access s is a Trust wide issue and is being looked at as part of the Trust IT strategy.