

**Action Plan for the Three Wards at Willesden Centre for Health and Care in Response to LINK visit on 19 December 2011**

Outcome	Issue	Objective	Action	Lead	Initial Delivery Date	Update October 2012
Outcome 1	<i>Respecting and involving people who use the services.</i>  "Generally, patients felt that they were treated with dignity and respect"	To maintain patient treatment with dignity and respect	Feedback from LINK – communicate positive finding to staff and encourage staff to maintain this quality  To continue asking patients to complete questionnaires about their experience on all wards  Feedback to staff comments from patients in order that standards can be maintained and improved  <i>Please see Outcome 5 regarding meals</i>	Modern Matron	March 2012 and monthly	Patient Questionnaires– Discharge information to be improved – awaiting appointment of Discharge Co-ordinator  Handover standard regarding the reception of visitors and the approach to patients and patient choice around washing, dressing, having breakfast October 2012
Outcome 4	<i>Personalised Care, Treatment and Support</i>  "Not all patients felt that they were consulted about the care and treatment" "not all patients were aware of	To ensure patients are consulted and are informed about and included in their care	Patients' Care Plans to be discussed with patient by a member of the multi-disciplinary team and offer to meet with the patient and their family to discuss aspects of care.  Patients to be asked to sign nursing assessment form so that they are included in the documentation and planning of care	Modern Matron/Ward Managers  Ward Managers and Modern Matron	May 2012  May 2012 August 2012	Completed  Audit and comments from some patients and evidence suggests that patients are not fully involved in the planning of their care. Staff not asking

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	their treatment”		<p>Medical staff to discuss treatment options during weekly ward rounds</p> <p>Plans for discharge discussed with patients prior to discharge and patients given discharge information including nursing, physiotherapy, occupational health and social care allocated worker information.</p> <p>Revise Patients and Relatives Information Leaflet with LINK to be invited to comment on the draft.</p>	<p>Therapy Manager, STARRS &amp; In Patient Services</p> <p>Therapy Manager And Modern Matron</p>	<p>September 2012</p> <p>September 2012</p> <p>November 2012</p>	<p>patients to sign forms and staff also not signing the forms. Plan to use an admission booklet to improve this information gathering and reduce duplication. Ealing Hospital uses a booklet that has been seen by ward staff and thought to be better than the paperwork we currently use. This booklet needs to be customised to the Willesden Wards.</p> <p>Medical staff attending weekly MDT meetings to improve communication Patient questionnaires have said that the doctor explained things.</p> <p>Questionnaires state that patients did not have enough information – reviewing plans for MDT – paperwork and chairing of MDT meetings reviewed</p> <p>Revised – needs to be printed November 2012</p> <p>Patient questionnaires need to be analysed</p>

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			<p>Patient survey of past and present patients in step up beds to be carried out.</p> <p>PALS leaflet with how to complain information is in patient folders. In addition to have a laminated sheet outlining ward staff and contact details.</p> <p><i>Please see attached Table regarding staffing and outcome 13</i></p> <p><i>Please see Outcome 9 regarding Medicine Management</i></p>	Discharge coordinator	December 2012	<p>regarding step up and step down patients</p> <p>To be completed</p> <p>Completed</p>
Outcome 5	<p><i>Meeting Nutritional Needs</i></p> <p>“Cultural and dietary requirements are taken into account when creating menus. However, this is only on certain days”</p>	For meals to include culturally appropriate choice option for patients	<p>Review religious choice options on puree menu.</p> <p>Consider desirability and feasible of re-introducing Afro Caribbean meals.</p> <p>Pilot extended meal description as a tool to increase patient understanding of choices</p> <p>Pilot visual menus as tool to support staff discussions with patients about available choices.</p>	<p>Rehabilitation Dietician/ Willesden Catering</p> <p>Catering Team - Accuro</p>	<p>June 2012</p> <p>Tasting 19/4/2012 and October 2012</p> <p>June 2012</p>	<p>Update needed re Afro Caribbean menu – there have been two food tastings (last one took place October 2012 – awaiting decision to order)</p> <p>Food tasting completed</p> <p>Pictorial menus finalised</p>

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	“In addition, not all patients felt they were consulted about choice of meals”	For patients to be consulted about choice of meals.	Highlight menu choice in revised Patients & Relatives Information Leaflet.  An additional comment to the menu sheet reminding staff to prompt patients to request alternatives if the menu choice does not meet the patient’s preferences.	Willesden Catering and Therapy Manager	October 2012  June 2012	Menus on display for patients and visitors  Completed
Outcome 7	<i>Safeguarding and Safety</i>  “On Robertson Ward, knives which had been used as part of a cookery class <i>had been left out</i> ”	To ensure safe access to knives	Occupational Therapist to remind staff to put knives away after supervised cookery assessments and spot check this is done	Occupational Therapist	Daily	Continues daily
Outcome 8	<i>Cleanliness and Infection Control</i>  Cleaning of equipment	To ensure wards are maintained and clean	Programme of maintenance backlog work underway. On-going maintenance programme to be developed with regular audit. A refurbishment programme has been put in place with the 3 wards being decanted to Furness Ward (fourth ward which is empty) in rotation within the next 6 months.	W London Health Estates and Facilities Team/Accuro	March 2012 to September 2012	Weekly walk rounds and monthly audits

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	Staff Hand Hygiene	To ensure that staff have the knowledge and skills to carry out their work to the expected standard	<p>All wards were deep cleaned. We have introduced regular joint audits. The cleaning regimes have been reviewed and amended; new equipment and chemicals have been ordered. All new staff will undergo infection control training as part of induction. The local Accuro management team has been reviewed and positive changes have been made.</p> <p>Continue monthly hand washing audit based on minimum of 40 observations per month. Action plan developed if less than 85% of staff observed to wash hands during monthly observation. Continue to display ward hand washing statistics on the ward.</p>	<p>As above</p> <p>Infection Control Nurse</p>	<p>February 2012/ Completed</p> <p>Monthly</p>	<p>Accuro management structure reviewed. Daily walk rounds and formal and informal training and staff guidance available</p> <p>Completed for all wards</p>
Outcome 9	<p><i>Management of medicines</i></p> <p>The door to the clinical room is not locked (door constantly open)</p>	To ensure medication and equipment secure and given within clinically acceptable timeframe	Medication storage in clinical room adjacent to nurses' station reviewed for legal compliance – it is compliant but could be improved in line with best practice – therefore key pad/card swipe for the clinical room is being considered and locks for fridges have been ordered. Emergency medication and equipment is also stored in this clinical room and quick access is required. This medication and equipment storage is compliant.	<p>Ward Pharmacist</p> <p>Modern Matron</p>	May 2012	Clinical rooms have been put on the risk register regarding not being locked and quotes for swipe card access has been requested and looked at

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			<p>Business case to be developed for purchase and wall attachment of metal medication boxes by each bed.</p> <p>Audit of time taken to administer medicine to be undertaken</p> <p>Nurses to wear red apron when dispensing medication to indicate 'no interruptions' to improve administration timeliness.</p>	<p>Modern Matron</p> <p>Ward Pharmacist</p> <p>Ward Managers</p>	<p>March 2012 /Completed</p> <p>March 2012/ Completed</p>	<p>Wall mounted medicine boxes on site and fitted in Robertson ward – to be rolled out across the wards with the refurbishment. 20<sup>th</sup> September for Robertson to be using the boxes.</p> <p>Medicine rounds reviewed</p> <p>Completed</p>
Outcome 10	<p><i>Safety, availability and suitability of equipment</i></p> <p>Equipment stored in ward areas</p>	To ensure that equipment is stored correctly	Staff to be reminded to store equipment correctly in order to improve a patient's experience, reduce hazards and reduce risk of infection	Ward Managers	Daily	Continues daily
Outcome 13	<p><i>Staffing</i></p> <p>Staff concerns regarding staffing levels</p>	To maximise patient contact time	<p>Wards participated in the Audit Commission Staffing Survey with Ealing Hospital in 2011 and the staffing numbers have been compared with other areas and are considered satisfactory for the number of beds.</p> <p>Support staff working in most efficient way by development of</p>	Modern Matron/Ward Managers	December 2012	

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			<p>visual menus, wearing of red aprons during medication administration and phased long term move from paper to electronic records.</p> <p>Individual medicine cabinets to help staff to provide timely medicines for their patients</p> <p>Staff concerns will be an on-going topic at ward team meetings.</p> <p>Falls will continue to be monitored and information on ways of preventing patients from falling will be reviewed and aids/methods to support staff in their care of patients who are at risk of falling will continue to be evaluated</p> <p>Please see table regarding staffing</p>	<p>Modern Matron</p> <p>Ward Managers</p> <p>Modern Matron</p>	<p>August 2012</p> <p>Monthly</p> <p>Monthly</p>	<p>As above. Robertson Ward to use medicine boxes November 2012</p> <p>Team Meetings</p>
Outcome 21	<p><i>Records</i></p> <p>“Patient medical records were not filed in a secure cabinet”</p>	To ensure medical records are secure	<p>Medical records stored in a trolley kept in the supervised nurses’ station and access to and from the wards is controlled electronically. Information governance to be reviewed and consideration to be given to locking the trolley. Community services are moving incrementally towards the long term vision of electronic records which will improve security</p>	Modern Matron	August 2012	Review completed and awaiting swipe card access for clinical room – due late November 2012