

Recommendation	Response/Actions	Responsibility	Expected completion date	Assurance and Evidence
<p>1.To provide an information leaflet for patients and their families before or on admission to the In-Patient Elderly Rehabilitation Service on Mary Seacole Ward explaining what to expect from their stay including:-</p> <ul style="list-style-type: none"> • General information on personalised, goal orientated and multi-disciplinary rehabilitation therapy • The range of different staff likely to be encountered and their uniforms • Who to approach if patients or their families have any concerns likely to be outside the responsibility of the nurse on duty in the bay • The discharge planning process 	<p>Development of a ward leaflet is already in progress. Included in this will be ward information, rehabilitation, how to raise a concern and discharge. The ward are also in contact with the acute site and will develop a pre admission leaflet for patients to receive prior to transfer. The team are also looking at other ways that information can be disseminated for patients who have sensory or cognitive impairment.</p> <p>The ward also has on display the uniform posters and the “Don’t take your troubles Home” Posters which display the contact details and photographs of the Senior Sister and Matron who are both based in the ward. The ward staff including therapist is displayed in the ward. The Nurse in charge for the day is displayed on the safe staffing board</p>	<p>Allison Hempstead Bernie Kennedy Samantha Keeling</p> <p>MDT LED WORK</p>	<p>April 2019</p>	<p>Minutes of meetings Hard copies Communication</p>

	<p>and our ward administrators who greet at reception are also asked to direct any visitors to the NIC if required.</p> <p>The ward also holds daily board rounds and predicted dates of discharge discussed and recorded. Discharge plans are discussed with the patients on Consultant ward rounds and we will be writing the PDD on the above bed board. The team is also looking at other ways that information can be disseminated for patients who have sensory or cognitive impairment.</p> <p>Discharge/admission leaflet should have some information on bringing own clothes</p>			
<p>2. To review arrangements for rehabilitation goal setting, progress monitoring and involvement of patients and their families so as to ensure that the following standards are applied as the norm:</p>	<p>The therapy team are working with therapy colleagues from Ronald Gibson House to develop a joint goal setting process which will include new paperwork to be shared with patients and families.</p>	<p>Bernie Kennedy Louise Paterson</p>	<p>April 2019</p>	

<ul style="list-style-type: none"> • Individual patients are involved in setting clear and realistic overall goals designed to maximize their independence in line with their individual circumstances and wishes • Specific rehabilitation therapy “stepping stones” towards these goals are set, meeting the SMART criteria and kept under review • The goals and the “stepping stones” and patients progress towards them are recorded and accessible to the whole multidisciplinary team and in clear language • A copy of the goals and “stepping stones” and of any subsequent changes to them is given to the patient and/or their family • Patients are kept informed about their progress in 	<p>Implement and utilize ‘This is me’ passports/ documents</p> <p>We are introducing What Matters To Me white boards for all patients to keep by their beds which will link into goal setting</p> <p>We will also be introducing a new tool called a sketchnote which is being developed to support staff to have more consistent conversations with people about key topics relating to discharge.</p> <p>It is anticipated that the sketchnote will be used early in an admission as a conversational guide to capture the person’s views, thoughts, hopes and wishes for when they leave hospital</p>		<p>Initial pilot use of the tool to start April 2019</p>	
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rehabilitation therapy				
3. To explore ways of improving arrangements for informing and updating patients and their families on the discharge timetable, e.g by displaying the Provisional Date of Discharge (PDD) on the whiteboards above patients' beds or writing it into their copy of their therapy goals and "stepping stones"	On admission to the ward the Expected date of discharge (EDD) is set. The MDT holds a daily board round and at these meetings the EDD following on from assessments is set. The ward is adjusting the format of the above bed boards to incorporate the named nurse of the day and also the EDD. This can be altered and discussed with the patient and family as discharge planning gets underway and at Consultant ward rounds which take place weekly.	Allison Hempstead Bernie Kennedy Samantha Keeling	March 2019	
4. To review staffing levels for the nursing team on Mary Seacole Ward in view of the pressure which they currently seem to be under.	Establishment review due in February 2019 . The ward establishment is reviewed twice yearly and in line with and acuity data also collected twice yearly. The current fill rates on Mary Seacole ward remain high supported by agency usage due to a high band 5 vacancy at present. A rolling programme of recruitment is in	Allison Hempstead	February 2019	

	progress and the ward is supported by a recruitment nurses			
5. To consider the case for an increase in rehabilitation therapy staff resources available to Mary Seacole ward to increase the intensity and/or quality of rehabilitation therapy for those patients who might benefit, including the possibility of extending therapy cover to weekends	<p>Immediate action implemented – Access to additional therapy time and support from Ronald Gibson House therapists has been introduced to work alongside Mary Seacole Ward therapy team.</p> <p>Two teams coming together as one for next financial year so that the staffing can flex dependent on patient need and this will also skill up staff to be able to work with different cohorts of patients.</p> <p>Therefore therapies will require an establishment review to meet the needs and review of weekend cover will be done as part of the senior health Trust process</p>	Bernie Kennedy	<p>Initially started in February.</p> <p>Fuller implementation April 2019</p>	
6. To seek means of providing individual access to radio channels, TV and the internet for patients on Mary Seacole Ward, ideally without a fee	<p>This will be discussed and followed up with NHS property services.</p> <p>Explore funding options for activities and equipment through AgeUK, the hospital charities and fund raising.</p>	Allison Hempstead Bernie Kennedy	February 2019	
7. To explore other possibilities for increasing levels of both activity and	To make contact with local Trusts to find out how they have implemented	Bernie Kennedy Allison Hempstead	April 2019	

<p>autonomy for patients on Mary Seacole ward and enriching their experience during their stay</p>	<p>their volunteer schemes.</p> <p>We will also link with Helpforce, a national task group looking at developing volunteer involvement in healthcare.</p> <p>We will liaise with GH to attend their groups and learn from some of their good practice</p> <p>We have introduced talking together sessions for patients in small groups for conversation facilitated by therapists and rehab assistants. This can then be continued at weekends by other MDT members</p> <p>Listening into action has generated some ideas from staff and a steering group of staff will be set up to take this forward</p>			
<p>8. To ensure that a laundry service is made available for patients own clothing on Mary Seacole ward</p>	<p>An initial discussion has started with the on site Estates and facilities team</p> <p>to address the need for laundry for soiled clothing.</p> <p>Therapists will be active in identifying patients who can use the rehabilitation kitchen and particularly washing machine within this as part</p>	<p>Allison Hempstead Bernie Kennedy</p>	<p>March 2019</p>	

	of their rehabilitation and independence programme.			
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