



Healthwatch Enfield Capetown Ward, Chase Farm Hospital

Updated Action Plan received in June 2016 from Capetown Ward, Chase Farm Hospital, following Enter & View report of visit on 1 December 2015

Healthwatch Enfield – Capetown Ward visit – 1 December 2015 – Action Plan – Update June 2016



Recommendation		Comments to Healthwatch	Proposed action	Update at June 2016
1	that prompt action is taken to harmonise the equipment used to support patients in Capetown Ward with the equipment being supplied by local council OT departments to support patients in their own homes after they have been discharged. (p.9)	We have passed on this comment to our lead occupational therapist who will be able to review equipment needs and where the equipment we have on site is different to the equipment provided by the local councils.		Enfield equipment service is now on our procurement system and set up on Freda. This will now allow us to set up a zero cost purchase order enabling us to order in the hoist, slings and armchairs we require to assess Enfield patients. We are informed that this is compliant with the Trust and NHS conditions (ensuring we are safe, compliant, equipment is regularly maintained, and in line with indemnity arrangements).
2	that the section in the Royal Free Trust (RFT) Nursing Admission summary which is headed "Sexuality" should be reviewed and rewritten more clearly. (p.13)	This comment will be passed on to the nursing directorate for consideration.	We are seeking advice from our Equality and Diversity Lead and LGBT Group	The language in this section may be considered confusing, and we thank Healthwatch for bringing this to our attention. We note this is a document from the former Barnet and Chase Farm Hospital Trust. We are seeking to harmonise all Royal Free London documentation and that will include updating the language and clarifying the differences between Sexual Orientation and Sex (gender) in this document.
3	that efforts are made to offer a good choice of food which more patients enjoy eating. Patients and carers should be invited to offer suggestions as to how the food could be made more appetising. (p.14)	When food tasting sessions are set up in order to determine future menus I have requested that patients are included in the tasting process.	Discuss with Medirest	Agreed - awaiting date for tasting

4	that efforts should be made to ensure that there are enough staff available to respond to call bells promptly at all times. (p.15)	Davidson the ward manager has informed me that 8 am in the morning is a particular time when there are difficulties. He has therefore put measures in place so that there are less demands on staff at that time.	Assessed daily staff levels. Reaffirmed necessity for therapist also to respond.	Call bell responses audited monthly and on matrons portal. Present plans to Matrons group.
5	that a patient's information pack should be created for all inpatients at Chase Farm Hospital, as well as a special pack with detailed information about Capetown Ward. Patients and carers should be invited to get involved in creating these packs. (p.15)	This work is already underway through our patient experience team and we will continue to work on improving the information given to patients.	Pack developed by Capetown as a pilot. Trust wide patient information circulated.	Patients have a table mat with relevant information in place. Welcome packs are in place for all new patients arriving on Capetown Ward, within the pack is the ward information leaflet.

6	that the care plan template should distinguish between the needs of people who are hard of hearing and people who are Deaf (those who use British Sign Language as their first language), in order to ensure that both groups of patients receive appropriate care and assistance. (p.16)	This is work that is underway through the equality group within the trust.	Update from Jackie Macklin	As part of the Accessible Information Standard work the trust is undertaking, we are working towards effective flagging of the access needs of Deaf/deaf/ hearing impaired/hard of hearing patients. Once the flagging system is in place this information will flag up when a patient care plan is initiated. It is important the flagging system is the driver and not the care plan as each care plan is for that admission only, whereas the flagging will identify access requirements on every engagement with the trust. Trust documentation will be altered to reflect the implementation of a flagging system and so record identified patient access need. The trust has on-going equality projects to work with our Deaf/deaf community and improve access to services.
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7	that efforts are made to establish a patients' and carers' representative group at Chase Farm Hospital. (p.17)	Our patient experience team have been asked to support this initiative and development.	Patient/carers group established for dementia patients • John's campaign launch • Chandi Vellodi to establish group • Launch patient/carers hub - September • Patient Forum 28 June for new endoscopy • Campaign to increase number of Governors	We currently have a staff workstream as part of our Dementia Implementation Group which addresses the needs of patients and carers. To this end we have launched John's campaign across our organisation and are beginning to introduce this across Capetown ward. As part of the 2016 Dementia strategy we have programmed a series of events to engage with carers of people with dementia. Having hosted the first event at the RFH in February, the next event is scheduled for September at Chase Farm.
8	that corridors are kept clear of obstacles in order to minimise the risk of trips and falls for patients. (p.17)	This has already been done and we would anticipate that there has been a measurable improvement since the visit		Monitoring - successful place visit
9	that staff should follow agreed procedures for safe transfer of patients. (p.19)	Our matron is undertaking audit to ensure safe handling of patients.	Trust wide audit and review of all Datix via the Hospital Transfers Review Group	Review due to be completed end of June 2016

10	that a review be undertaken as to whether the current allocation of nurses and healthcare assistants for Capetown Ward can adequately ensure that patients consistently receive high quality person-centred care. (p.19)	A programme to review the model of care on Capetown is about to be undertaken that will also review the staffing requirements for a rehabilitation unit.	Review of activity and dependency sent in March and awaiting results. Forms part of division staffing report.	Now using E-roster for efficient rotas - monitoring weekly.
11.	Additional concerns about the patient discharge process were brought to the attention of Healthwatch Enfield by a member of the public after the publication of the Enter & View report in March 2016. Healthwatch Enfield asked for a response from the management of Capetown Ward.			A complete review of the discharge patient flow process is underway across all sites: - medically optimised weekly meeting (Wednesday) - high level of complex discharges - one point of contact is being developed for discharges - trial of follow up phone call following discharge has commenced funded by RF Charity