Patients, relatives & carers
Welcome Pack

Bognor Regis War Memorial Hospital:
• Don Baines Ward
• Leslie Smith Ward
Welcome to Bognor Regis War Memorial Hospital

This information pack has been developed as a guide to our in-patient wards and to help answer any questions you may have. All our staff welcome you and we hope your stay here will be a positive one.

About the wards

Don Baines Ward and Leslie Smith Ward are 24 bedded rehabilitation wards. Our aim is to provide a service to maximise your ability to live as independently as possible and to get you back home, when it is safe to do so.

We will work with you on your rehabilitation goals following your illness/injury to regain your independence and useful activity.

The wards are divided into 4 bays, 2 with 6 beds, 1 with 5 beds, 1 with 3 beds and 4 side rooms. The side rooms are commonly required to treat and isolate patients with infections. We are unable to provide private facilities.

Our aim is to assist you to:

- Meet your individual needs.
- Restore, maintain or improve your daily living skills.
- Promote your independence.
- Involve you and any appropriate family members/carers in your rehabilitation and discharge process (returning back home).
- Respect your dignity, privacy and rights.
- Provide patient choice with palliative and end of life care.

Philosophy

We aim to provide services to improve your health and wellbeing, using the best evidence to ensure quality and safety. We will work together with knowledge and skills to meet agreed treatment plans. We treat everyone with dignity, respect and kindness.
Rehabilitation staff

The multi-professional rehabilitation team consists of:

- **Ward manager and ward sister** – These are the most experienced and senior nurses on the ward, they manage and oversee resources and ensure the care of patients is maintained through national guidelines, policies and procedures.

- **Staff nurses** – Are registered nurses who plan and evaluate your care and set your realistic and achievable rehabilitation goals with you and the therapists.

- **Healthcare assistants** – Support the registered nurses and therapists in delivering and implementing your care, and assisting you in achieving your goals.

- **Medical cover** – A doctor is based on the ward Monday to Friday 9am to 5pm. Outside these hours the ward is covered by the on-call doctor.

- **Associate specialist** – A senior, experienced doctor who advises, mentors and supports junior staff.

- **Consultant physician** – Work with the multi-professional team twice a week to review patients on the ward. They are based at St. Richards Hospital. However, if a medical emergency should occur, you may be transferred to St. Richards Hospital for investigations and treatment.
• **Physiotherapist and occupational therapist** – The therapist and nursing team work closely together, ensuring continuity of care and rehabilitation, enabling you to achieve the goals set.

• **Ward clerk** – Provide administrative support for the wards.

• **Social worker** – Individuals can be referred to adult services who will assess, and ensure care requirements are met on discharge. They provide support and advice to individuals and families if required.

• **Speech and language therapist** – Will assess you if the team are concerned about your ability to swallow fluids and food safely. They may recommend that your diet and fluids are modified.

• **Dietician** – Will assess you if you have lost weight or have a reduced appetite. They may recommend nutritional supplements.

• **Housekeeper** – Supports the team and patients by providing refreshments and oversees the menu selection and specialist diets for patients.

**Healthcare assistants**
Pale blue tunic with navy trousers or pale blue dress.

**Student Nurses**
White tunic/blue pinstripe and black trousers.

**Physiotherapists**
White tunic and navy trousers.

**Occupational therapists**
White tunic and dark green trousers.

**Ward clerk**
Navy printed shirt and navy trousers.

**Housekeepers**
Pale green uniform.

**Facilities staff**
Pale green uniform.

Due to infection control, doctors and some other staff no longer wear white coats. All staff should be ‘bare below elbow’ (i.e. no long sleeves bracelets, jewellery or wristwatches). Staff should be observed washing/gelling their hands before/after each patient contact.

Individuals should have clear clip on identity badges, no lanyards.

If at any time you are unsure of a person’s identity, please ask to speak to the nurse in charge.

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**Uniforms**
You will see many different members of staff. Here is a list of their titles and the uniforms they will wear:

**Matron**
Charcoal tunic with stripes and black trousers.

**Ward manager**
Navy blue tunic and navy blue trousers or navy blue dress.

**Ward sisters**
Navy blue tunic and navy trousers or navy blue dress.

**Staff nurses**
Sky blue tunic and navy blue trousers or sky blue dress.
Rehabilitation process

Your stay on the ward will typically involve the following pathway:

Admission to the ward

Assessment by members of the rehabilitation team

Develop discharge plan and set date for discharge

Weekly progress review meeting

Home visit/environment assessment if required

Review for care package/equipment requirements (If indicated)

Discharge with appropriate identified support
### Daily timetable

<table>
<thead>
<tr>
<th>Approx</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.00 to 07.30</td>
<td>Early morning tea</td>
</tr>
<tr>
<td>08.00</td>
<td>Breakfast (protected meal time)</td>
</tr>
<tr>
<td>09.00 – onwards</td>
<td>You will be encouraged to complete your personal care independently or given appropriate assistance</td>
</tr>
<tr>
<td>10.00 to 12.00</td>
<td>Selected days - consultant ward round followed by multi-disciplinary team meeting.</td>
</tr>
<tr>
<td>10.30 to 11.00</td>
<td>Mid morning coffee</td>
</tr>
<tr>
<td>Morning therapy</td>
<td>You will be encouraged to participate in therapy sessions and move into the Day Room area for lunch</td>
</tr>
<tr>
<td>12.15 to 13.15</td>
<td>Lunch is served in the dining area (protected meal time)</td>
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<tr>
<td>Afternoon therapy</td>
<td>You will be encouraged to participate in therapy sessions</td>
</tr>
<tr>
<td>14.00 to 16.30</td>
<td>Afternoon visiting (please check with ward manager re visiting times as they may differ)</td>
</tr>
<tr>
<td>15.00</td>
<td>Afternoon tea</td>
</tr>
<tr>
<td>17.00 to 18.00</td>
<td>Supper is served (protected meal time)</td>
</tr>
<tr>
<td>18.00 to 19.30</td>
<td>Evening visiting</td>
</tr>
<tr>
<td>Evening</td>
<td>Preparation for bedtime</td>
</tr>
<tr>
<td>20.30</td>
<td>Nighttime drinks</td>
</tr>
<tr>
<td>Night</td>
<td>There are three staff on duty to assist you and help you achieve your night time goals</td>
</tr>
</tbody>
</table>

### Personal therapy

During your stay you will be encouraged to do as much for yourself as possible, staff will assist with activities that you need help with.

You are expected to dress in day clothes (we have a limited selection available until your own are brought in), you will require wash items, including soap, flannel, toothbrush, toothpaste and deodorant.

Washing and dressing ideally takes place in the bathrooms rather than at the bedside. Wash areas are allocated for both male and female use. Should you be unable to stand for any reason, we have a range of manual handling equipment that we can use to ensure your safety and that of the staff.

Although you will be seen regularly by a physiotherapist, the therapy continues with the nursing staff. Each time you get in and out of bed, walk to the toilet or simply sit up in bed, is considered to be therapy.

Your length of stay on the ward will depend on how quickly you are able to achieve the goals.
set for you in conjunction with the rehabilitation team. Our aim is to discharge within 21 days of admission.

If goals are not achievable or you are not able to participate in active rehabilitation, we will assist you to arrange suitable care in your home to meet your needs, as you will be unable to remain on the rehabilitation unit.

Student nurses

The ward is committed to providing a positive learning environment for student nurses, and work experience students.

Property

Property, valuables and cash should be kept to a minimum during your stay in hospital. Any property, valuables or cash not handed over to the Trust will be held at your own risk.

Please advise staff if you have dentures or a hearing aid. When not in use these should be kept in a container or in your locker.

You may wish to keep a small amount of cash for the trolley shop which visits the ward three times a week and sells sweets, drinks and toiletries.

If anybody brings in money or items that you cherish please notify a member of staff so that they can be added to your property form.

Laundry

As the laundry facilities at the hospital are very limited it is expected that family/friends/carers will be responsible for laundering personal clothes. The laundry will be available for collection in a patient property bag located in the bedside locker.

Due to infection control staff are not allowed to wash out faecal soiled clothes.
Food and nutrition

We aim to provide protected meal times when all unnecessary activities on the ward will stop. Visitors will not be admitted at this time, unless with prior agreement with the senior nurses, nor will patients be able to take telephone calls.

If these arrangements cause difficulties for your family, please ask them to discuss this with the nurse in charge.

The housekeeper will provide you with a menu each morning for you to choose what you would like to eat the following day.

If you have a particular diet or religious requirement the kitchen will cater for this.

Lunch is served in the dining area.

You will be served hot drinks at intervals during the day and will also have a jug of water which is changed twice daily.

Unfortunately, due to food hygiene regulations, we are unable to store food brought in from home in the ward fridge. We would suggest that any food brought in is eaten immediately.

If you need to attend out-patient's appointments or investigations at another hospital we will provide you with a lunch pack.

Whilst in hospital you will be weighed weekly. If you lose weight or are observed to have reduced appetite you will be referred to the hospital dietician.

Meal times

<table>
<thead>
<tr>
<th>Meal</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>08.00</td>
</tr>
<tr>
<td>Lunch</td>
<td>12.15</td>
</tr>
<tr>
<td>Supper</td>
<td>17.00</td>
</tr>
</tbody>
</table>
Visiting arrangements

Visitors are welcome during your stay. The following points are ones that you and your visitors may like to consider:

You are at a rehabilitation ward. Therefore, consideration must be given to your rehabilitation programme and visits from the doctors, nurses and therapists.

The ward operates protected mealtimes and hours for visiting are listed below.

We do ask visitors to consider other patient’s with regards to their privacy and rest times.

If the fire alarms are activated (or in any other crisis situation), we ask you and your visitors to take advice and instructions from staff.

Children visiting must be accompanied and supervised by an adult. They must NOT be permitted to crawl on the floors.

We ask that visitors do not sit on the beds, or use patient’s bathrooms. This is for infection control purposes as per our Trust policy.

Although we welcome flowers and plants, we do not have a supply of vases. Please remember that space is limited on the lockers and around the bed space generally.

Occasionally there may be reasons to “close” the ward to visitors to minimise cross infection. We ask visitors not to visit if they have any cold symptoms, nausea or diarrhoea.

Visiting times

<table>
<thead>
<tr>
<th>Ward</th>
<th>Visiting Times</th>
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</thead>
<tbody>
<tr>
<td>Leslie Smith Ward</td>
<td>14:00-16:30 hrs</td>
</tr>
<tr>
<td></td>
<td>18:00-19:30 hrs</td>
</tr>
<tr>
<td>Don Baines Ward</td>
<td>14:00-16:30 hrs*</td>
</tr>
<tr>
<td></td>
<td>18:00-19:30 hrs</td>
</tr>
</tbody>
</table>

* Except Tuesdays and Fridays when afternoon visiting is 15:00-16:30 hrs in order to accommodate consultant ward round.
Telephone enquiries

Staff are always happy to speak with relatives/carers on the ward but please remember patient enquiries on the telephone are confidential and medical information cannot be discussed.

It is generally busier in the morning so please limit calls at this time.

It would be helpful if one named person could make enquiries and then pass on the information to other family and friends.

A cordless phone is available for patients to receive incoming calls. You may be asked to call back if there is a high demand for this service.

The main switchboard number for the hospital is: 01243 865418

Queries

If at any time you wish to talk to somebody about any worries or problems, please do not hesitate to ask the nursing staff.

However small the problem, we are here 24 hours a day to make your stay as comfortable and trouble free as possible. We welcome any comments and suggestions that you have relating to quality of care and ways in which standards can be improved for you or your family.

Smoking

Sussex Community NHS Trust operates a no-smoking policy on-site.

Occupational therapy

The occupational therapist will advise you on the best ways to carry out daily tasks, whether it is personal care, household duties or social activities.

The occupational therapist will help you identify home hazards and recommend equipment and adaptations to make your home safer.

If you or your family have any concerns about your ability to manage at home, including if you had difficulties prior to admission, please ask to see the occupational therapist.

Home visit assessment

As part of your rehabilitation programme you may be asked to participate in a home visit. They include:

• The occupational therapist and another member of staff taking you to your own property.

• Your ability to access your property and mobilise around your home as you would on discharge will be assessed, including your ability to transfer on and off your bed, chair and toilet etc.

• The assessment will enable you, your family/carers, as well as the therapy team to have an understanding of how you are going to manage in your home when you leave hospital.

• Recommendations are given where indicated to ensure your independence and safety is maintained on discharge. Equipment and rails may be provided if a need is identified.

• You are welcome to have family/carers present on the visit.
• Your ability to complete certain domestic tasks e.g. making a hot drink may be assessed on the home visit.

Access visit

If it is identified that taking you to your home before discharge is not required, the occupational therapist will ask for your consent to visit your property to assess for any equipment you may require on discharge, without you being present.

Physiotherapy

The physiotherapist will assess you in terms of your mobility, balance and confidence. You will be given a suitable aid to help you if required. You will be advised on personal exercises to help you progress and assist your rehabilitation. If you need to manage a step or stairs you can practice these tasks with the physiotherapist.

The physiotherapist’s aim is to improve your level of mobility to ensure that you feel confident, safe and happy to be discharged. If the physiotherapist feels it is appropriate, follow up arrangements can be made to progress your mobility after you are discharged.
Expectations from your rehabilitation programme

During your stay you will be encouraged to participate in a rehabilitation programme designed to help you regain your independence. An initial assessment will be completed and from this a rehabilitation programme with goals will be agreed. The rehabilitation programme can involve:

- Becoming more involved with your personal activities of daily living, e.g. washing, dressing, toileting etc.
- Participating in therapy programmes aimed at your specific needs, to improve your strength and confidence as advised by the therapists.
- Undertaking familiar household tasks as part of a graded programme under direction of therapists e.g. kitchen activities.
- Demonstrating safe working, handling and moving of utensils, cutlery and equipment in a kitchen facility, i.e. when making a hot drink, snacks or meals with the direction of staff.
- Learning to use, where necessary, specialised items of equipment to make daily living easier.
- Working together with the rehabilitation team and your family/carer through an agreed rehabilitation programme in preparation for managing to live at home.
- Involvement with your family and carers will be encouraged throughout your stay, so that they feel confident to help you to manage following discharge when you leave the rehabilitation unit.

When rehabilitation potential is reached or you are unable to currently participate in an active rehabilitation programme or you decide you do not want to participate in rehabilitation, we will need to discuss and make discharge arrangements with you, within an agreed time frame. On discharge, we will send your GP a letter summarising your care in the ward.

Medication

As part of your rehabilitation programme, we will assess your ability and any needs you have to enable you to safely manage your own medication as preparation for when you are discharged.

Should you have any concerns regarding your medication, please ask to speak to the registered nurse on duty.

If you need pain relief, it is readily available, please ask a member of nursing staff. Most pain relief is given at meal times, but let us know if your pain is not well controlled.
If you are a patient, relative, friend or carer

Help us to work together...
...to make sure I’m eating and drinking well

Let us know if the patient:
• is hungry or thirsty
• has lost weight
• has trouble chewing or swallowing or special dietary needs
• needs help with eating or drinking or needs special utensils
• cannot reach their food, drink or call bell

Make sure that the patient:
• has frequent drinks (unless advised otherwise)
• eats as well as they can
• gets help with eating and drinking if needed

For more information speak to:
Help us to work together...
...to make sure I take my medicines safely

Let us know if the patient:
- is already taking medication
- is allergic to any medicines
- needs their medicines explained
- needs help to take their medicines
- has any concerns about their medicines

Make sure that the patient:
- only takes medicines that are prescribed for them
- knows how to take their medicines
- asks us or their pharmacist if they are unsure about any of their medicines

for more information speak to:
If you are a patient, relative, friend or carer

NHS

Help us to work together...
...to prevent pressure ulcers

Let us know if the patient:
- has had a pressure ulcer before
- needs help to change position
- needs help to wash
- shows any changes in skin colour or soreness
- is a diabetic or on steroids

Make sure that the patient:
- inspects their skin
- keeps moving/changes position regularly
- stays clean and dry
- has frequent drinks and eats well

For more information speak to:

see www.stopthepressure.com
If you are a patient, relative, friend or carer

Help us to work together...
...to prevent blood clots

Let us know if the patient:
• or a close relative has had a blood clot before
• is a smoker
• takes oral contraceptives or HRT
• may be pregnant
• has any unusual swelling or pain in their arms or legs

Make sure that the patient:
• has frequent drinks (unless advised otherwise)
• walks or moves their legs as much as possible
• asks for help moving if this is difficult

For more information speak to:
If you are a patient, relative, friend or carer

Help us to work together...
...to reduce falls

Let us know if the patient:
• is unsteady on their feet
• has fallen before
• is worried about moving
• is likely to wander
• needs help to walk

Make sure that the patient:
• has sturdy, well-fitting footwear
• wears their glasses, as they would at home
• has their walking aid close to hand
• takes their time moving
• is able to walk in clutter free space
• can reach the call bell

For more information speak to:
Falls facts

The danger of falling in hospital is very real. There are several factors that increase this risk:

• Illness and being away in new and unfamiliar surroundings.
• Certain medications, such as pain relievers, blood pressure tablets, water pills, laxatives and sleeping aids.
• Previous history of falls.
• Shortness of breath, muscle weakness, unsteady gait, and fever.
• New confusion from illness such as infection or changes in body chemistry; dementia, depression or psychosis.
• Sensory impairments, such as numbness in feet; vision or hearing problems.
• Post treatment procedure/surgery.

Having a higher risk to fall may occur at different times throughout your hospital stay. The nurse and therapists will assess your risk of falling at each shift and when your condition changes.

If it is deemed that you are at a high risk of falls then a special plan of care to address safety issues and reduce the danger of an accidental fall and injury will be implemented.

Guidelines to avoid a fall in hospital

• Keep everything you need within reach.
• Use your call bell to get help.
• Avoid stretching or bending to reach things.
• Get out of bed S-L-O-W-L-Y.
• Ensure your shoes or slippers fit and are non-slip.
• Do not try and walk with just socks on.
• Call for nurse to help you get to the toilet or bathroom until you are told that you are safe to go on your own.
• Inform the staff if you experience dizziness, blurred vision or feel weak.
• Use your walking aid as instructed.

We ask relatives and visitors

• Limit to 2 visitors per patient at any one time.
• To leave the patients bed area tidy and replace chairs where you found them.
• Make sure the patients call bell is within easy reach.
• Replace bed tables moved during your visit.
• Ask staff to replace bed rails moved during your visit.
• Report any potential hazards such as spills of liquid on the floor, trailing wires or cables, obstacles around the bed space etc.
General Information

- There is a lounge available for patients to socialise and see visitors. A television is provided in the lounge.

- If you have religious or cultural needs, please let us know and we will do our best to help fulfil these with help from the local community. The hospital Chaplain holds a service on Thursday afternoons in the hospital chapel. Please inform a member of staff if you wish to attend.

- The Friends of the Hospital provide a small mobile trolley service on Tuesday and Friday mornings. You will be able to purchase toiletries, squash and confectionery.

- We have a hairdresser who visits weekly. To book an appointment, please ask the housekeeper. This is a private arrangement, for which you pay the hairdresser directly.

Key people

Leslie Smith
WARD MANAGER
Janet Blackman
WARD SISTER
Jane Richardson

Don Baines
WARD MANAGER
Sandra Woodgate
WARD SISTER
Elaine Cooke
Contact details
Bognor Regis War Memorial Hospital
Shripney Road
Bognor Regis
PO22 9PP

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Web: www.sussexcommunity.nhs.uk