

Dear

**FREEDOM OF INFORMATION – WARD 70**

I write in response to your request for information in relation to Wad 70 the Western General Hospital.

Question:

1. A plan detailing the ward layout/design of ward 70 of the Western General Hospital, Edinburgh.
2. Please highlight the location of room 17 and the nurses’ station that is predominantly used.
3. If there have been any changes in layout since 2023, please include details.
4. Please advise whether there is any policy specific to room allocation.
5. Do you have any policy relating to additional care rounds for patients in single rooms?
6. What additional supervision is in place for patients who lack capacity or have impaired function?

Answer:

1.	Map attached.
2.	Map attached - During the day all three nurses stations have staff present (Station 1 near entrance - Ward clerk/ Therapies staff, Station 2 - middle of ward - Nurses/ CSW's, Station 3 at the top of the ward nearest room 17 - Nurse and Therapies staff) but at night the middle nurses station is predominantly used. These do not always have staff at them due to tasks being carried out in patient rooms or in the treatment room
3.	The ward layout has not changed since the building was opened.
4.	No policy relating to room allocation.
5.	No policy relating to room allocation.
6.	This is an Individual patient risk assessment with regards to additional supervision
In relation to 4/5 as per Section 17 Of the Freedom of Informaiton	

I hope the information provided helps with your request.



If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

Ward:	Site:	Date:	Addressograph, or											
<p>This care rounding document should be used in non-acute areas and should be supported by an additional person-centred care plan. Registered Nurses should use clinical judgement based on risk assessment, clinical condition and essential care needs to plan frequency.</p> <p><b>1hrly 2hrly 3hrly ____hrly</b> (please circle/complete)</p>			 <p>Name</p> <p>DOB</p> <p>Unit no. / CHI</p>											
<p><b>Print name and sign</b> _____</p>			<p><b>Codes</b> (Y) Yes, (N) No, (N/A) not applicable, (D) Declined (AS) Asleep (I) Independent, (NW) not on ward, (TH) Theatre,</p>											
<p><b>Time of Care Rounding</b> Document the exact time care rounding took place e.g. 0830</p>			<p>08.00 am ← 24 hour period → 07.00 am</p>											
<b>Pressure Area Care</b>	<p><b>Waterlow score less than 10 low risk requires only a daily skin review:</b> Use codes for outcome of skin review</p>													
	<p><b>Waterlow 10+ - Visual Skin Check (tick)</b></p>													
	<p><b>Outcome of skin review:</b> (H) Healthy (R) Red, (P) Purple (B) Broken (BL) Blister</p>													
	<p><b>Vulnerable areas?</b> (circle areas of damage) Heel (L) (R), Hips (L) (R), Sacrum, Spine, Other.....</p>													
	<p><b>If changes in outcome of skin check, consider continence status, review frequency of CR and update care plan</b></p>													
	<p>Have you changed position since last CR? Positioning (R) or (L) side (B) Back (C) Chair</p>													
<b>Elimination</b>	<p>Mattress type / Cushion type <i>please state type:</i></p>													
	<p>Do you need the toilet?</p>													
	<p>Is the patient continent of urine? (at time of Care Rounding)</p>													
	<p>Continence product changed/offered?</p>													
	<p>Catheter care performed? Catheter bundle updated daily position catheter below the bladder / no more than 2/3 full with connections intact</p>													
	<p>Is patient continent of faeces? (at time of Care Rounding)</p>													
<b>Food, Fluid &amp; Nutrition</b>	<p>Bowel function monitored <i>Observe bowel function and update daily</i></p>													
	<p>Would you like a drink? Ensure fluids are within easy reach</p>													
	<p>Fluid Balance Chart (if clinically indicated)</p>													
	<p>When did you last eat? (B) Breakfast (L) Lunch (D) Dinner (S) Snack (NBM) Nil by Mouth (A) Assistance <b>Update Food Chart if required</b></p>													
	<p>Oral Hygiene Performed (ref to risk assessment)</p>													
<b>Falls</b>	<p>Appropriate Footwear?</p>													
	<p>Walking aid available (and within reach)</p>													
	<p>Area de-cluttered?</p>													
	<p>Chair and bed height assessed?</p>													
	<p>Falls alarm in use and attached?</p>													
	<p>Glasses available for use? (if worn) Hearing aid available for use? (if worn)</p>													
<b>Pain</b>	<p>Requires close observation for commode, toilet, bathing or showering Y <input type="checkbox"/> N <input type="checkbox"/></p>													
	<p>Are you in pain? Analgesia Given?</p>													
<b>General</b>	<p>Peripheral Venous Cannula observed?</p>													
	<p>Observe for signs of inflammation/swelling at every CR session. <b>Bundle/VIP score to be updated daily</b></p>													
	<p>Are you comfortable? Y/N</p>													
	<p>Anything else I can do for you? Buzzer within easy reach</p>													
<p><b>Personal Care</b> Type _____ (specify) <b>Time Given</b> _____</p>														
<p><b>Initials</b> – document at time of care delivery</p>														

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REVISION

Ground Floor  
Internal Cross area  
3330sqm

Nurses station used during day and Night

Rm 17

Nurses station used during day shift by multiple IM&T Members

**NHS**  
Lobban  
PROJECT MANAGER  
ROYAL LONDON HOSPITAL  
RECONSTRUCTION  
EDUCATIONAL BUILDING  
TEL: 0118 327 6277 FAX: 0118 327 6218

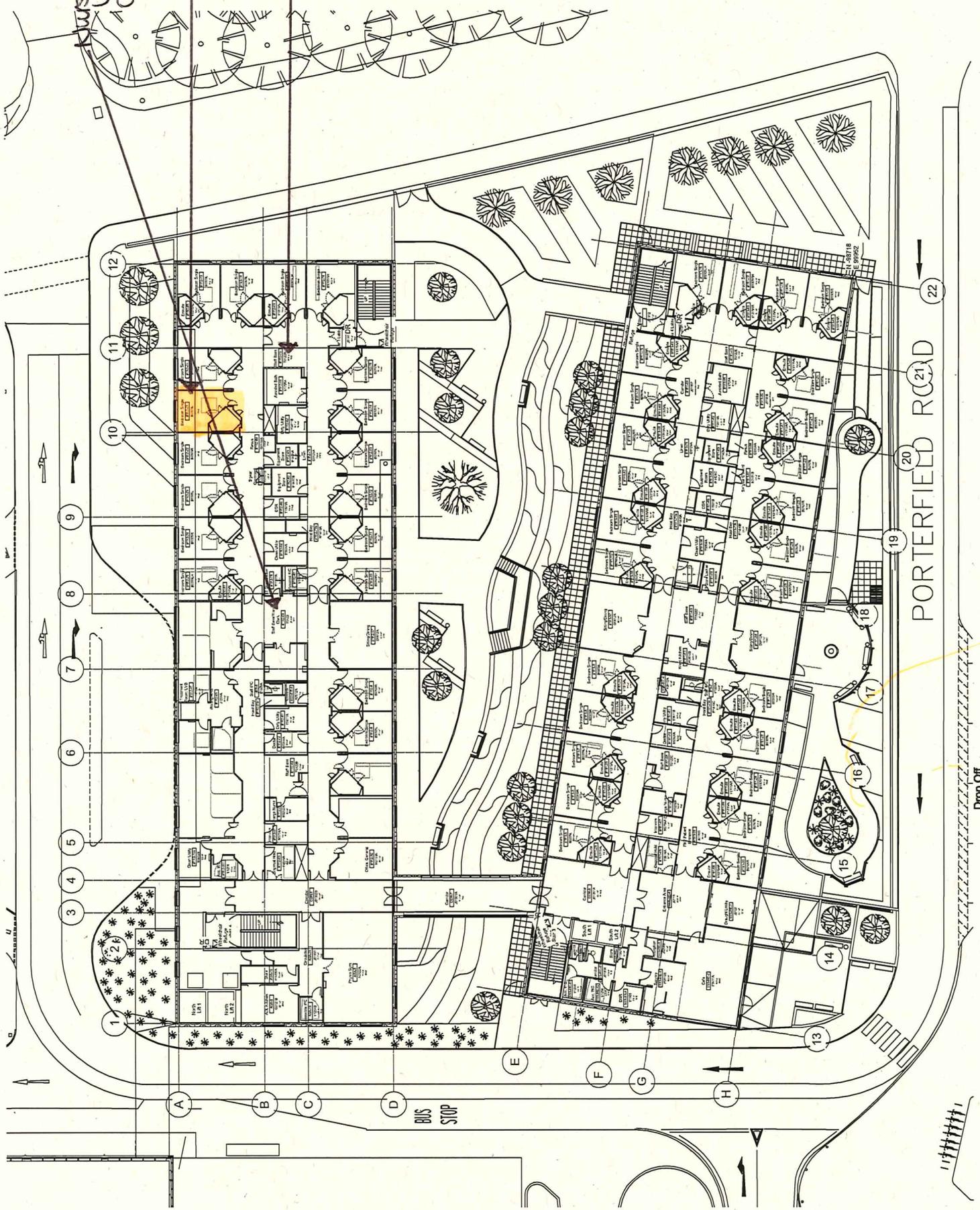
PROJECT  
Western General Hospital Departments

DATE: Nov 2012

SCALE: MTS

PROJECT NO: 08/07/12

PROJECT NAME: Block 16/17/18/19/20/21/22  
First Floor Plan



PORTERFIELD ROAD

Drop Off