

Enter and View Report

The care of older people in four Wards of the Royal Sussex County Hospital

Authorised Representatives

Sue Seymour, Farida Gallagher, Paul Wilson, Sylvia New, Phil Hale, Margaret Stanton, John Curry and Ivy Elsey

Healthwatch Contact details:

Healthwatch East Sussex

Units 1 - 3, 85b Ashford Road

Eastbourne

East Sussex

BN21 3TE

Tel: 01323 400520

enquiries@healthwatcheastsex.co.uk

Website: www.healthwatcheastsex.co.uk

Healthwatch Brighton and Hove

Community Base, 113 Queens Road

Brighton,

East Sussex

BN1 3XG

Tel: 01273 234041

office@healthwatchbrightonandhove.co.uk

Website:

www.healthwatchbrightonandhove.co.uk

Theme of inspection

The visit covered the following themes: quality of care, access to information, and staff attitudes, in four older people's wards at Royal Sussex County Hospital¹. These were Emerald Ward, Overton Ward, Chichester Ward, and The Acute Medical Unit (AMU). These unannounced visits all took place on Monday 19th January 2015, from 11:00 - 15:30.

¹ Royal Sussex County Hospital, Eastern Rd, Brighton, East Sussex BN2 5BE



Acknowledgements

Healthwatch Brighton and Hove and Healthwatch East Sussex would like to thank Royal Sussex County Hospital, the patients, visitors and staff for their contribution to the Enter and View programme.

Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and said at the time.

The purpose of the visit

Healthwatch Brighton and Hove and Healthwatch East Sussex jointly carried out this visit to meet the following aims:

- to gather feedback from patients and staff at a range of wards which look after older people at Royal Sussex County Hospital;
- to develop knowledge of good care provision and gain a better understanding about the main issues faced in these wards; and
- to share any observations or good practice we found.

Strategic Drivers

Healthwatch East Sussex (HWES) and Healthwatch Brighton and Hove (HWBH) are able to conduct responsive Enter and View activity, if appropriate. HWES and HWBH were both satisfied that this was the most appropriate response to address the concerns shared with them by third parties, and that the evidence they required could not be obtained by any other activity within the Healthwatch function.

What is Enter and View?

A part of the role of Healthwatch is to carry out Enter and View visits. Local Healthwatch representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act allows local Healthwatch authorised representatives to observe service delivery



and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.





Glossary

Some language in this report is specialist, so not everyone will know what it means. Words that are in bold have a definition at the end of the report to help everyone to understand the language we are using.

Contents

The purpose of the visit	2
Background	5
Summary of Findings	6
How we gathered our information	7
Observations from the Visit	8
Staff numbers and training	8
Quality of Clinical Care	9
Staff Care and Attention	10
Mealtimes	11
Transfers within the hospital	13
Leaving Hospital	13
Conclusions and looking to the future	15
Additional Findings	16
Recommendations and Responses	17
Glossary	23
Appendices	24



Background

Healthwatch Brighton and Hove and Healthwatch East Sussex agreed to undertake a joint visit to the Royal Sussex County Hospital in response to information that had been shared with both Healthwatch organisations since June 2014.

Additionally national reports such as the Francis Enquiry² highlight how the care of older people can become poor in healthcare settings under pressure. It is well recorded that there are large numbers of very old people in hospitals, many very vulnerable with complex needs. A recent Care Quality Commission³ visit to Royal Sussex County Hospital showed that there were staffing issues in some of the wards that have older patients, and that wards such as the Acute Medical Unit (AMU) were consistently full to capacity.

Following a review of evidence and insight both organisations had received, it was jointly agreed that the central aim of the Enter and View was to validate the existing information, observe care delivered, and to talk to patients (where capacity permitted), carers, relatives and staff about the care and treatment of older people. Both organisations agreed this work was a priority to be undertaken as soon as possible.

Due to the problematic consistency of the information that had been shared with both Healthwatch organisations, together with the information received by patients contacting both organisations, and comments left on the Patient Opinion and NHS Choices websites, it was agreed to undertake the first visit unannounced using Healthwatch policies and protocols.⁴

Both Healthwatch organisations have ensured that appropriate escalation processes have been assessed and implemented, using their agreed protocols. Both organisations have also ensured that all statutory and regulatory agencies were aware of the intention to undertake this activity and that relevant information had been shared. These agencies include the Care Quality Commission, Healthwatch England, and the Chief Executive Officer of Brighton and Sussex University Hospitals NHS Trust (BSUH).

² For a summary on the findings of the Francis Report (Feb13) [Click here](#)

³ For the full Care Quality Commission full report on Royal Sussex County (Aug 14) Hospital [Click Here](#)

⁴ Contact Office@healthwatchbrightonandhove.co.uk or 01273 234041 for more information about policies and procedures at Healthwatch Brighton and Hove



Summary of Findings

- 36% of patients across the four locations we visited were medically fit to leave hospital, but were unable to, largely due to social care packages not yet being in place. All patients on the extra capacity ward 'Overton' were waiting to be discharged.
- According to staff, 63% of patients in the Acute Medical Unit were inappropriately placed there and staff estimate the average age of patients to be 85.
- Staff reported understaffing that sometimes compromised their ability to give comprehensive care, particularly one-to-one support, and care for people with dementia.
- The wards visited were not routinely giving patients all the discharge information they needed, specifically the hospital's discharge booklet. This confirms recent findings by Healthwatch Brighton and Hove⁵ and similar research by Healthwatch East Sussex.⁶
- Based on observations, staff could be using assessments under the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA) to better effect on the wards.
- Overall and across all wards, staff demonstrated a caring attitude and attention to their patients, particularly during mealtimes. There are many examples of best practice to be shared within the hospital.



⁵ ['Leaving Royal Sussex County Hospital'](#), Healthwatch Brighton and Hove, Oct 2014

⁶ ["Hospital Discharge - Were you discharged with care?"](#) Healthwatch East Sussex, Nov 2014



How we gathered our information

This report looks at four locations in Royal Sussex County Hospital, with a focus on older people's treatment and care. The locations visited were **Chichester Ward, Overton Ward, Emerald Ward and the Acute Medical Unit (AMU)**.

Due to the shared interest in the hospital for residents of both Brighton and Hove and East Sussex, the project was a partnership between the two Healthwatch organisations. Our shared intelligence indicated that an unannounced visit would be the most effective way to gather information. Before the visit took place, we informed **Healthwatch England, the Care Quality Commission**, and other relevant bodies about our visit. We also informed the Chief Executive of the Trust that an unannounced visit would be taking place in January, but gave no details as to where and when this would be taking place.

On Monday 19th January 2015 four representatives from Healthwatch East Sussex and four from Healthwatch Brighton and Hove met at the hospital, and announced their presence to the main hospital reception. The representatives then went in groups of two to the four wards we were visiting, and asked to speak to the ward manager and discussed their presence, showed identification and shared their plans for the day. The representatives conducted a survey with patients and their visitors (See appendix 1), asked ward managers a set of questions (See appendix 2), and held observations (See appendix 3) in the wards they were visiting. The Enter and View representatives were in the wards from 11:30 - 15:30, after which time Healthwatch staff debriefed them.

In total there were 22 responses from patients and visitors across the 4 wards (7 in Chichester, 2 in Emerald, 6 in the Acute Medical Unit, and 7 in Overton) with 8 observations and 4 responses by ward managers. 68% (15) of the people we spoke to on the day were patients, and 32% (7) visitors. In wards such as Emerald, where patients were less likely to respond to questions due to their diagnosis of dementia, we relied more on observations, conversations with staff and talking to visitors. All patients we spoke to were based in Brighton and Hove, except one person from East Sussex, and one from out of the Sussex area. Usually around 30% of patients on the wards on any given day are from out of the Brighton and Hove area.⁷

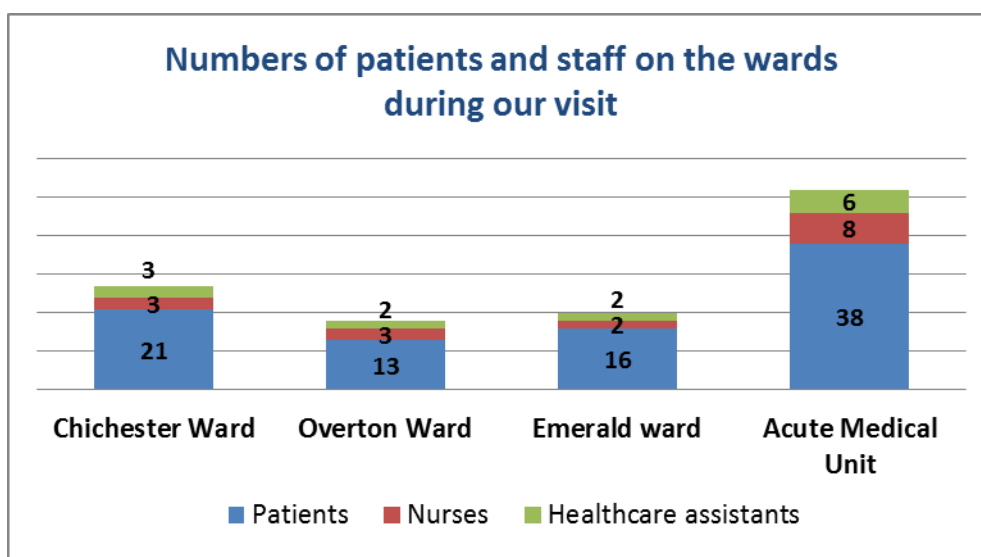
⁷ Sourced from communications with the Chief Executive of Brighton and Sussex University Hospital Trust



Observations from the Visit

Staff numbers and training

Chichester Ward and Emerald Ward managers confirmed that they were understaffed on the day of the visit; Overton Ward and the Acute Medical Unit (AMU) did not specifically mention this. There was only one **agency staff** member working on the day of the visit, although other wards mentioned that they did sometimes have to use agency staff when staffing levels are low. How staff are organised on the wards can improve care when staffing levels are sufficient. We saw a positive system of patient management in the AMU where there were 6 Nurses and **Healthcare Assistants** in 6 bays, allowing for good coverage.



In terms of specialist staff training in conditions related to older people such as dementia, ward managers informed us that mandatory staff training included some information about dementia. However, it appears that comprehensive training is not consistent throughout the wards. In specialist dementia wards like the Emerald, nurses are creating induction packs themselves for new staff which includes information about communicating with people who have dementia. The hospital also has a Dementia Champion and recognises dementia awareness week. Aside from training, the hospital runs a dementia friendly scheme called 'The Butterfly Scheme'⁸ which discreetly informs staff when a patient might have additional support needs.

⁸ The Butterfly Scheme <http://butterflyscheme.org.uk/>



Some wards experience their full-time staff being redirected to other locations in the hospital, leaving other wards such as Emerald understaffed. Funded psychiatry sessions were also a concern for the staff on the Emerald ward, as the funding for this was about to be withdrawn. We were told that the staff would also like less bureaucracy when transferring people to care homes and care packages at home.

Quality of Clinical Care

Some wards and units had higher numbers of people who needed extra support around activities such as eating due to extra support needs such as dementia or language. This can vary from day to day, but when there are lots of patients with extra support needs staff should spend more time with these patients, and may be unable to do other activities as a result. On the day we visited, Emerald ward had relatively low specialist care needs, whereas others had many patients who needed additional support. The AMU manager was unable to tell us what the special needs of the patients on their ward were because the handover notes were not to hand at the time of interview, and the Chichester Ward manager told us that they were not able to meet the one-to-one care needs of a patient on the day of the visit due to understaffing.

When working with older people, especially in the case of dementia patients, it is sometimes necessary to do a **Deprivation of Liberty Safeguards (DoLS) Assessment**.⁹ This should take place wherever a person's liberty might have to be compromised to care for them properly in hospital. Most wards had small numbers of people who were being considered for assessment or had already been assessed. The manager of Emerald Ward told us that not all patients had been assessed as necessary, due to a lack available staff time.

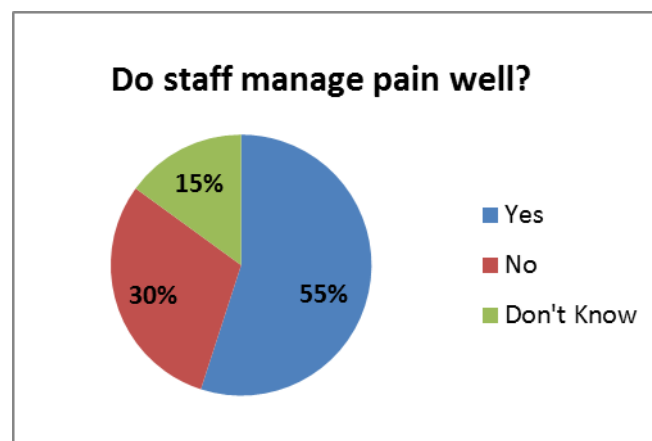
Another test which can be used with some older people is the **Mental Capacity Act (MCA) Assessment**¹⁰, which looks at which decisions a person is able to make and which decisions may need to be taken by someone else. Similarly, only some patients across all wards had received an MCA assessment. One of our representatives observed that a number of patients appeared confused on the AMU and may have benefited from a formal assessment.

⁹ For more information on the Deprivation of Liberty Safeguards click [here](#)

¹⁰ For more information on the Mental Capacity Act [click here](#)



Regarding pain management, staff informed us that they assess pain either visually or by asking patients for a score out of ten during the six-hourly clinical rounds. Clinical rounds were not observed during our visit. Some visitors commented that staff helped to make their relatives feel more comfortable with pain relief, particularly on the Emerald Ward. However, some visitors on the AMU had concerns about strong painkillers being used too readily, and others not enough. The chart below shows that of the 19 patients and visitors who responded to this question, 10 (55%) thought that staff managed their pain well, 6 (30%) felt they did not manage their pain well, and 3 (15%) did not know if their pain was managed well or not.



Staff Care and Attention

20 of the people we talked to (95%) told us that staff responded quickly whenever they needed assistance. Throughout our visit, we observed buzzers being responded to quickly by staff in all locations throughout our visit.



They are always here beside me if I get up with the frame to go to the toilet

- A patient in Overton ward, referring to staff



When staff were interacting with patients, there were some very positive examples of good care. The majority of older people and their carers felt that staff attitude towards them was kind and attentive. In the AMU we observed a Health Care Assistant walking around the ward with a



confused patient for 45 minutes to settle them down and divert their attention from trying to exit the ward. 19 patients and visitors (84%) said that staff explain properly and ask permission before taking patients anywhere or carrying out any treatment. Gestures like smiling, physical contact, and slow, kind explanations of treatments were seen between staff and patients with dementia.



There is always someone you can talk to

- A relative, Emerald Ward

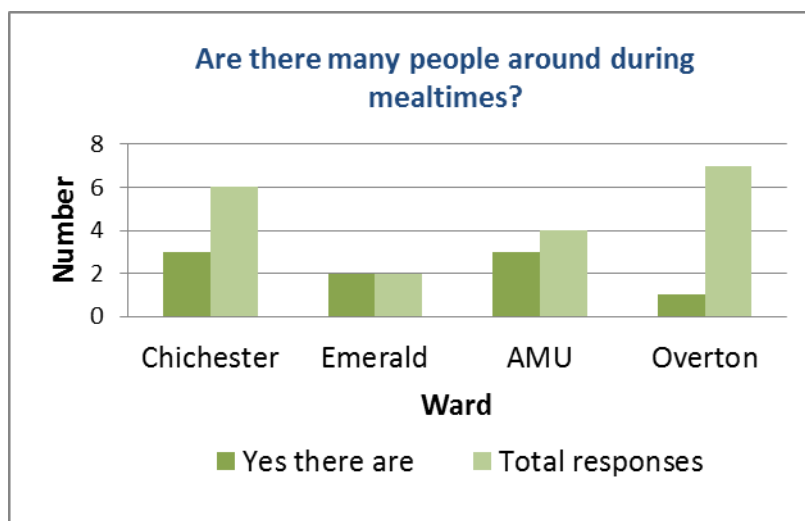


However, there were also some examples of poorer communication with patients and visitors. In Overton Ward, a patient told us that he had tried three times to arrange to see his wife who is also in hospital, but on each occasion had not been able to do so. In AMU a Healthcare Assistant was heard calling a patient ‘babe’ and someone from the **rapid discharge team** called another patient ‘darling’. This could be seen as disrespectful, in particular to some older patients. Finally, a relative feared the worst when they found an empty bed; the patient had been transferred to another ward, but the family had not been informed. This left them feeling upset and frustrated.

Any procedure we observed that involved disrobing was carried out sensitively, and behind properly closed curtains to maintain patients’ dignity at all times. All patients were seen to be dressed appropriately and made comfortable in the wards. We heard from patients and saw examples of staff making positive efforts to help people to do as much as possible for themselves, so that patients can maintain their independence.

Mealtimes

A majority of the ward managers confirmed that they conduct a **‘MUST Assessment’** of people’s food and hydration needs when patients arrive on to the wards. This identifies when the person might need any additional support with eating and drinking, or if they need any particular diets. Most wards weigh patients weekly, and use special food charts to monitor if they have lost weight. Colour coded jugs highlight if a patient might need prompting to drink water or can do this independently.



9 people (47%) said that there were lots of people around them during mealtimes. However, patients felt this activity was due to staff being present and available to help people with eating and drinking.



My husband's not been eating at all unless I feed him. He needs a familiar person to encourage him to eat

- A relative at AMU



Feedback from patients and visitors and from our own observations was generally positive. Food and drink was fully in reach of patients at all times, and staff supporting patients to eat always appeared unrushed and committed to helping them to be as independent as possible. Where patients were having trouble eating, nurses supported them in a range of ways. On Emerald Ward alternative choices of food were given to those who did not want to eat, and our representatives observed a nurse calling a patient's daughter to ask her to encourage eating. The men in Overton Ward ate together at the table, and this created a relaxed and social atmosphere. In the AMU there were examples of encouraging patients to eat by starting them off with hand-to-hand assistance by putting food on the fork. However, our representatives also observed staff not washing their hands before assisting with eating, and some noted that a member of staff from Sodexo did not engage with patients when handing them food.



Transfers within the hospital

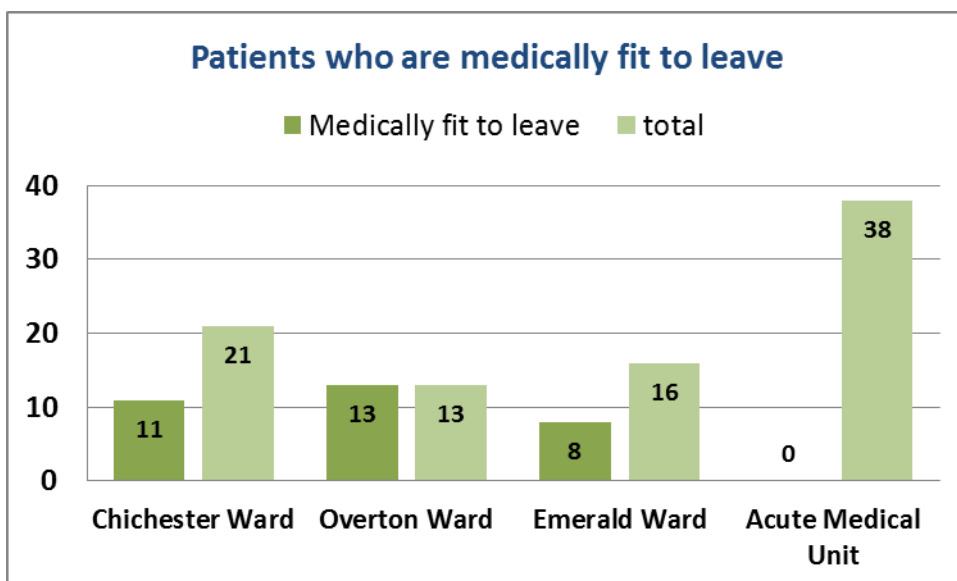
In all the older people's wards we visited, patients reported that transfers between wards were in line with the expected pathways, and they were not excessive.

Staff in the AMU, however, informed us that they felt only about a third of patients were appropriately placed there. They felt that many patients would be better suited to other locations in the hospital, but were unable to be transferred due to a lack of available beds. As the average age on the ward was 85 years old, many patients may have benefited from the specialist care available on the older people's wards we visited.

The Acute Medical Unit should function as a place for people to go after A&E to be assessed in more detail, before moving on within 72 hours. However, in reality the unit has functioned as an overflow for older people's wards and for A&E and many older people were placed there for longer periods. The longest stay in the AMU that was reported to us was 5 weeks. Staff reported that they do not feel like they are operating the unit as it was intended to be run, and that agency staff often preferred not to work shifts on the unit as a result of this. This is an issue that may require further monitoring by the trust.

Leaving Hospital

A large number of patients who were on the wards during our visit were designated medically fit to leave hospital. In other words, the patients were ready to leave but were unable to do so for non-medical reasons, such as waiting for a package of care, transport, or medicine to be arranged. This is officially termed a 'delayed transfer of care' (DTC). Chichester and Emerald wards' beds were about 50% occupied by people who were ready to leave, and Overton (the extra capacity ward) was specifically set up for those with complex needs, and was 100% full with patients in these circumstances.



Local councils have agreements in place as to a reasonable time for arrangements to be put in place for safe hospital discharge. A recent scheme has been set up on Chichester Ward, 'Discharge to Access', which is intended to speed up discharges.

Those patients experiencing a DTC in the specialist older people's wards were either waiting for a nursing home space to become available, waiting for their family to make a decision about their care, or waiting for a care package in their own homes. Only half of the patients and visitors we talked with had been approached about when the patient might be likely to be discharged.



One lady has been here since the 1st of December

- Staff member, Emerald Ward



In the Acute Medical Unit we also met a distressed family member who felt her elderly father was not yet ready to be discharged. He had been discharged recently but had to be re-admitted soon afterwards, and the family felt this was because he had not been ready to leave in the first place. Eventually the discharge was postponed following the concerns of his family being heard.



They told me yesterday I would go home today. I have all the medication'

- A patient, Chichester Ward, referring to staff





Following previous research by Healthwatch Brighton and Hove and Healthwatch East Sussex¹¹, staff were asked whether patients who were leaving the hospital were provided with a hospital discharge booklet. This was recommended by Healthwatch Brighton and Hove's report 'Leaving Royal Sussex County'¹² as a best practice solution to keeping patients informed during the discharge process. Discharge booklets contain information about what happens after discharge, things to remember when going home, and useful numbers to call. Staff at the Emerald Ward said that the booklets were not appropriate for their patients; staff at the Chichester Ward said that the booklets were available in the discharge lounge, although they said that not all people leaving hospital will use this service. Staff in the Overton Ward said that they do not give discharge booklets out because other wards already do this, and the AMU had one copy available on the day of the visit, and said the ward does not regularly give the booklets out to patients.

Conclusions and looking to the future

All of the wards visited were in the Barry building, which is part of the original hospital built in the 1800s. Whilst our representatives felt the building was maintained as well as it could be, the lack of space led to cramped wards with equipment and clutter observable. This was particularly noted for Overton and Chichester Wards. These issues were noted in a recent CQC inspection of the hospital¹³ The 3T's (Teaching, Trauma, Tertiary) project is going to replace these older wards and buildings with brand new spaces in the next few years, and as this develops we will continue to monitor the project.¹⁴

Most patients and their visitors felt happy with the service they received in Royal Sussex County's older people's wards. This could be because interactions between staff and patients are often positive, and things like delays in discharge and clinical issues might not necessarily be apparent to non-staff members. When staff were asked what improvements they would like, most said they would like improved and more stable staffing. A pay reduction for agency staff has seen

¹¹ "[Hospital Discharge - Were you discharged with care?](#)" Healthwatch East Sussex, Nov 2014

¹² [Leaving Royal Sussex County Hospital](#), Healthwatch Brighton and Hove, Oct 2014

¹³ Care Quality Commission Inspection of Royal Sussex County, Aug 2014 [Click Here](#)

¹⁴ For more information on the T3's hospital development [click here](#)



some disruption on the wards, and could lead to agency staff choosing to cover shifts in other hospitals.

Overall, on the day of our visit, staff were working as well as they could in an environment which was very busy, unpredictable and in some cases in cramped, older wards, often unsuitable for the needs of the patients and staff working in them. The central issues, of social care not being in place for older people on discharge and demand on A&E, are putting pressure on the wards we visited by leaving a great many patients in hospital unnecessarily. We have seen many examples of good practice which should be celebrated, along with the improvements we suggest below.

Overview of key figures across the four wards visited				
Wards	Acute Medical Unit	Chichester Ward	Emerald Ward	Overton Ward
Number of patients	38	21	16	13
Number of Staff (Healthcare Assistants & Nurses)	14	6	4	5
Deprivation of Liberties Safeguards Cases Made	0	0	some	0
Mental Capacity Act cases	0	0	several	0
Malnutrition Universal Screening Tool use	Yes	Yes	Yes	Yes
Dependency levels on the ward (as expressed by staff)	Higher	Mid	Lower	Mid
Patients medically fit to leave	0	11	8	13
Patients inappropriately placed in current location ¹⁵	24	0	1	0

Additional Findings

One of our representative observed that the two hand sanitizer gel dispensers at the main entrance of the hospital were both empty for a large proportion of our visit. This information was shared with the Trust.

¹⁵ Patients would be more appropriate for other wards or units in the hospital, as determined by ward manager comments



Recommendations and Responses

- 1. Provide Healthwatch with clear and regular information about how the hospital continues to manage and review the situation regarding delayed transfer of care (DTC) for medically fit patients remaining on the wards due to social care arrangements not being in place.**

The trust's response

Trust Wide

Delayed transfers of care are not always social care delays. There is rarely a delay for an adult social care assessment; the delays are often caused by lack of community provision or the ever increasing challenge of working with families/carers some of whom are less keen to see their relatives discharged from hospital. BSUH now have a care home liaison support worker in post whose remit is to work with families to ensure a safe & timely transition into an on-going care facility takes place.

There are daily conference calls with all community partners. These are held at 08.30am for High Weald, Lewes and Havens, 11.00am for Brighton & Hove and 12.30pm for West Sussex, we discuss each patient who is medically fit for discharge and agree escalation actions to ensure every necessary step to minimise a delay in their transfer of care is taken.

The Hospital Rapid Discharge Team has been expanded and now sees all patients arriving by ambulance, to commence the discharge process at the front door and avoid unnecessary admissions by mobilising community services. Currently the service runs 8 am - 6pm (Mon-Fri) and 9 am- 5pm at the weekend, in May this will be extended to 8am - 8pm (Mon- Fri) and 9 am - 5pm at the weekend.

Care of the Elderly

All patients on all the Older Peoples wards have multi-professional board rounds daily and where necessary discharge planning meetings on an individual basis are held with the patient and family/carer to discuss complex situations. Within these, patients discharge arrangements are discussed and actions undertaken by the appropriate identified member of the team. There is a discharge co-ordinator in all teams and when delays are occurring that the team are struggling to



resolve, they are escalated through the discharge co-ordinator to the Head of Nursing for
Discharge and Partnerships

In addition, DTC's are discussed at the daily directorate operational meetings, ensuring that The Directorate Lead Nurse and the Matrons are also sited on this issue. Directorate Lead Nurse for Speciality Medicine also receives the length of stay delays list which enables her to track any issues or trends on particular wards. BSUH is working closely with the CCG to implement Discharge to Assess, which is a means by which frail elderly patients can spend as short time in hospital and have enhanced rehabilitation support and assessments in their own homes.

Proposal

BSUH provide Healthwatch with an update on actions to monitor and improve DOTC's on a six monthly basis. We would also like to invite Healthwatch to attend a boardround, teleconference and a case conference to see these initiatives in action.

- 2. An increasing number of older people are being admitted to hospital and many of them have dementia. Staff should be prepared and trained to be able to respond to their needs. A clear message should be sent to all wards about dementia training available, to ensure that all staff in relevant wards can share good practice around needs specific to this demographic, including communicating with people who have dementia. The role of the Dementia Champion should be made widely known.**

The trust's response

Currently we run a 1 day and 3 day programme for Dementia Education across the Trust. This can be accessed by any member of staff at any level as long as they are supported by their manager. It is advertised widely through communications and through the ward manager and Matron networks. The Dementia Champion and dementia OT's do regular, 'ad hoc' teaching when seeing patients by role modelling best behaviour.

2013/2014

300 members of staff access the dementia education programme:

200 - 1 day study day

100 - 3 day programme



2014/2015

We have 500 colleagues accessing dementia education across the 1 and 3 day programmes

There is an identified need for a full time dementia educator - This would allow us to deliver the programme to higher numbers.

Dementia Core Competencies are being developed as part for the orthopaedic reconfiguration - This is something that could potentially be replicated or developed as a trust wide initiative.

The Emerald Unit runs a weekly reflective learning session on a Wednesday.

- AMU Development Programme - First session 16/03/15
- Level 8 Bespoke sessions - Dementia Champion in conjunction with Practice Educator for Trauma
- HCA Conference - Dementia Team to present
- 11 One day study days in first quarter of this year - full attendance - 220 colleagues
- Alive Inside Film screenings - x 4 - Final numbers TBC after 20/03 screening
- Bespoke training for Twineham - Dementia Champion to set extra dates as per recommendations for service reconfiguration.

The education programme is also co-facilitated on the 1 and 3 day study days by a person living with dementia. Our dementia training is now accessed by colleagues from Sussex Partnership NHS Trust and Sussex Community Trust. The Alive Inside project is also open to the public, family carers and people living with dementia - This has been recognised as an innovation of good practice.

The Butterfly Scheme is in the process of being rolled out across the Trust

The scheme is being used on:

- Cote wards - Jowers, Chichester, Bristol, Emerald, Vallance - Ongoing development - Band 6 Nurse to lead
- Medicine Catherine James/Egremont, Bailey - In use but not fully embedded - work ongoing, AMU / A&E - Dementia Champion working with ward leader to support implementation
- Surgical Level 9A - Being led by Band 5 link nurse - starting to work well - with



increased carer support identified. L8 East and West - Butterfly scheme teaching sessions to start when Band 6 Dementia Nurse starts in post at the end of this month. Roll Out in other areas part of action plan for 2015/16 we have identified AMU and A&E, Level 8A East and West as priority areas to embed the scheme.

- PRH Hpp / Poynings, Twineham, Ardingly, Pyecombe - Starting this week. The BSUH Dementia training is also accessed by staff outside the Trust and is receiving a reputation locally and nationally as being best practice.

Proposal

If wished members of Healthwatch would be welcome to join one of the Dementia study days.

- 3. We acknowledge the quality of interaction and attentiveness that staff showed with patients, and we recommend that the hospital ensures that there are enough staff on the wards to maintain this level of care and attention.**

The trust's response

Nurse staffing levels have been challenging over the past six months. This is monitored on a twice daily basis by the Directorate Lead Nurses, matrons and Deputy Chief Nurses, the nurse to patient ratio is assessed. Any area that falls significantly below their planned levels of staffing or have a significant increase in acuity and dependency, efforts are made to redeploy staff from another area or, when possible get bank or agency nurses.

In September 2014 a Deputy Chief Nurse with specific responsibility for workforce and efficiencies, who is actively recruiting overseas. In the last 4 months, she has recruited 206 international nurses from Europe and the Philippines, who will be starting in a phased manner over the next 4-5 months.

Local and National recruitment continues and we are working closely with the University of Brighton and other Universities in the South of England to recruit newly qualified nurses and increase our return to practice nurses.

From April 2015 bank rates will be increased to encourage staff to fill gaps in rotas and reduce the numbers of agency nurses employed in the Trust. In the meantime overtime is being paid to substantive staff.



Every six months the months a detailed paper is presented to the Trust Board on nurse staffing numbers and monthly there are updates to the Board. The Safer Staffing levels are published monthly on NHS Choices and we are implementing boards at the entrance to every ward displaying the planned number of nurses and Health Care Assistants and actual numbers on each shift

- 4. Share good practice around assisting with eating and drinking with all relevant staff, and consider how Sodexo staff might be involved in this.**

The trust's response

The Nutrition and Hydration Committee has been re-instated this month, chaired by the Deputy

Chief Nurse for Patient Experience, with the lead nurse for Sodexo attending this committee, with whom this report has been shared. Dieticians and Speech and Language Therapists are undertaking training with the Sodexo housekeepers.

Proposal: If there are any members who are interested in Nutrition, we would welcome them becoming a member of this committee.

- 5. Send communications to all wards regarding the use of discharge booklets and ensure they have a good supply of these patient resources.**

The trust's response

The discharge information booklet has just been re-written and is awaiting approval. Once ready it will be launched on all wards/depts.

- 6. The Trust needs to ensure that staff are fully aware of their responsibilities to carry out Mental Capacity assessments and Deprivation of Liberty Safeguard referrals, when necessary, for the best interests of patients. Staff training and adequate time need to be built in in order to ensure assessments are completed competently and fully.**



The trust's response

Training is provided by the Safeguarding Adults team. Mental Capacity Act and Deprivation of Liberty Safeguards training is mandatory for all clinical staff. MCA and DoLS training is included as part of Nursing and Midwifery Induction for new staff and also as part of the mandatory training update day for doctors. Trust wide sessions for all staff are provided monthly. From Jan 2015 MCA and DoLS training is also included as part of the mandatory training day for paediatric nurses.

“No Decision About Me Without Me - Understanding the Mental Capacity Act” guidance has been developed by the Lead Nurse Safeguarding Adults and Learning Disability Liaison Nurses and circulated to all clinical wards and departments across all sites within BSUH.

MCA and DoLS training is included as part of the dementia training programme. BSUH recognises that despite the efforts described above, the knowledge of DoLS and the MCA requires improvement, to this end, a dedicated Safeguarding and MCA trainer commenced in post this month on a 1 year fixed term basis to further enhance training provision. The Lead Nurse Safeguarding Adults acts as a point of contact for staff. Support is also provided by the Dementia Champion and Learning Disability Liaison Nurses.

7. We understand that a review of the AMU took place recently but it is clear that this unit still needs to keep under tight scrutiny to ensure that the planned improvements are implemented, particularly with regard to adequate staffing levels and good care practice.

The trust's response

An improvement plan is in place for AMU and is under constant review and the observations made by Healthwatch are appreciated.



Glossary

Agency Staff have a contract with an agency but work temporarily for an employer, like a hospital. When they're working on a job, the employer tells them how to do the work.

(The) Care Quality Commission An organisation which makes sure health and social care services provide good quality care, by monitoring, inspecting and regulating services to make sure they meet fundamental standards of quality and safety.

Chichester Ward A general medicine short-stay ward for older people in the Barry Building

Deprivation of Liberties Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Emerald Ward A dementia ward for older people based in the Barry Building

Healthcare Assistant Healthcare Assistants (HCAs) work in hospital or community settings, under the guidance of a qualified healthcare professional. They generally assist patients with eating, washing, and other day-to-day tasks.

Healthwatch England is the national consumer champion in health and care. It is the national organisation which supports local Healthwatch organisations like Healthwatch Brighton and Hove, and Healthwatch East Sussex.

Acute Medical Unit (AMU) A place where further tests can be conducted after admission, usually through the emergency department. Stays in this ward should not be over 72 hours

Mental Capacity Act (MCA) Assessment is a test that medical professionals can carry out to see if a person has the capacity to make decisions for themselves at a particular time.

MUST Assessment MUST stands for Malnutrition Universal Screening Tool, and is used to assess if a person is underweight or obese, and if they need to be put on a pathway to become a healthy weight.

Overton Ward A temporary extra capacity ward for older people based in the Barry Building. Opened in December, the facility will continue to run until April 2015.

Rapid Discharge Team A team that specialises in clearing beds quickly to improve patient flow through the hospital.



Appendices

Appendix 1: Questions for Patients and Visitors

1. If you've needed help, how quickly have you been able to get the attention of the people who work here?
1a Any additional information
2. Do people explain properly and ask your permission before they take you somewhere or carry out treatment?
2a Any additional information
3. If you've needed anything in particular, like help with eating or moving about, have the staff helped you?
3a If yes please tell us how they help
4. Are there many people around when you're eating your lunch and dinner?
4a If answered yes, do you find this intrusive?
5. If you are in any pain, do the staff help you to feel comfortable again?
5a If you answered yes, please tell us how they do this.
6. Has anyone talked to you about a time or day when you might leave hospital?
7. Do you know of any delay to you leaving hospital
7a If you answered yes, please tell us what reason for delay if you are aware.
8. Have you had to change wards from one place in the hospital to another?
8a If you answered yes, please tell us if this was carried out smoothly
9. What do you think would make this ward better for everyone?

Appendix 2: Questions for ward managers

1. How many patients are on the ward today?
2. How many staff are on duty at the moment, and of them how many of them are agency or bank staff?
3. How many patients have been considered for a DoLS and how many applications made?
4. How many patients have been considered for MCA and how many applications made?
5. Have the staff here received any specialist training around communicating with people with people who have dementia?
6. What special support needs are on the ward today, such as additional observation needs, nutrition needs and mobility support
7. How many nutrition and hydration assessments have been carried out, and what extra support has been put in place as a result of this?
8. What steps do you take to identify and make comfortable patients who are in physical pain?
9. How many patients on the ward today are medically fit to leave, but are here due to additional support services not yet being in place?
10. Is the patient discharge booklet available and given to patients when being discharged from the ward as a matter of course?
11. How many patients on the ward today are inappropriately placed on the ward from other areas of the hospital?



12. What do you think could be done to make the ward run more effectively in the future?

Appendix 3: Observational prompts

1. Please observe and note how long it takes for staff to respond when people seek assistance
2. Were interactions between staff and patients good, did they explain what they were doing at the person's pace and encourage them to do as much as possible for themselves
3. Did staff seek clear permission from the patient before moving them or doing a medical procedure?
4. If patients had special needs around eating and drinking, mobility or other issues, how were these approached by staff?
5. How meal time was approached by staff in general, and was all food and drink in reach of patients?
6. Were patients appropriately dressed and covered to protect their dignity, and curtains fully drawn when they needed assistance?
7. Do any patients look agitated or in pain? How are staff reacting to this?
8. Were any patients discharged from the wards when you were there, if so, how were they managed? Could you see any discharge booklets on the ward?
9. Additional Observations