

**Details of visit**

Service provider:

Service address:

Date and time:

Authorised representatives:

Wye Valley Trust - County Hospital - Frome Ward

Stonebow Road, Hereford, HR1 2BN

21<sup>ST</sup> January, 2015 - 10:00 - 14:30


Joyce Thomas, Debra Tritton, Ian Stead, Allan Lloyd, Val Javens, Christine Price

**Acknowledgements**

Healthwatch Herefordshire would like to thank the service provider, service users, 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 contributed at the time.



‘Enter and View’ is the opportunity for authorised representatives to go into health and social care premises to hear and see how the consumer experiences the service and collect the views of service users (patients and residents, carers and relatives) at the point of service delivery. Evidence-based feedback will be reported to providers, CQC, Local Authority and NHS commissioners and quality assurers, Healthwatch England and any other relevant partners. Development of recommendations across multiple visits will inform strategic decision-making at local and national levels.

Enter and View applies to all premises where health and social care is funded from the public purse. Only authorised representatives may undertake ‘Enter and View’, and then only for the purpose of carrying out the activities of the local Healthwatch they represent.

‘Enter and View’ is planned, with a clear purpose; it is not an inspection, nor a stand-alone activity, nor a last resort or a first choice option.

Enter & View will deliver on the following Core Priorities: Integrated Services, Communicating with the Public; Focusing on Older People. The specific purpose of HWH's E&V activities will be to engage with residents, carers and friends in 10 care homes, using the 10\* Dignity Challenge, to identify good practice in the provision of a dignity focussed service.

**Outcomes:**

1. Local people are empowered to give their views and influence decisions to improve health and social care services
2. Local people are aware of Healthwatch Herefordshire, understand its purpose and how to access it for help and support

**Healthwatch Herefordshire**

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## Purpose of the visit

To encourage, support, recommend and influence service improvement by capturing and reflecting the views of service users who often go unheard (eg care home residents) whilst offering service users an independent, trusted party (lay person) with whom they feel comfortable sharing experiences. It is engaging carers and relatives, identifying and sharing 'best practice', keeping 'quality of life' matters, specifically through the 10\* Dignity Challenge, firmly on the agenda, whilst encouraging providers to engage with local Healthwatch as a 'critical friend'. It is the gathering of evidence at the point of service delivery, adding to a wider understanding of how services are delivered to local people. Additionally, it is supporting the local Healthwatch remit to help ensure that the views and feedback from service users and carers play an integral part in local commissioning.

## Strategic drivers

Enter and View forms part of Healthwatch Herefordshire's engagement programme for 2014-2015. HWH's target is to engage with people using health and social care services, recording and subsequently analysing their experiences.

Healthwatch has identified 'Services for Older People' as one of its priorities, thus Enter and View's aim is to reach older people who are vulnerable and whose voices are seldom heard. Engagement will be with those who are unable to interact with the systems that are already in place to capture feedback. HWH's Enter and View schedule will, therefore, encompass:

- 1. 3 visits to Homes where there is a provision for those with Dementia**
- 2. 3 visits to wards on Community Hospitals where there is a provision for those with Dementia.**

## Methodology

Visits will be undertaken by Healthwatch Herefordshire's Authorised Representatives: Board Members, Volunteers and staff; all lay people who have received appropriate E&V training. All visits have a stringent set of guidelines provided by Healthwatch England which include an emphasis on the importance of communicating and working with the Providers and/or Managers.

6 units will be randomly selected from the CQC list of publicly funded, residential homes and community hospitals with this specialist service.

The aim is to gather the views of these vulnerable people, and through HWH's promotion as well as collaboration with the providers, encourage their families, carers and friends to participate and, where necessary, help articulate those views. The intention is to use a paper-based questionnaire focusing on the use of Herefordshire's 10 \* Dignity Challenge as the basis for the questions. The objectives will be:

- 1. To identify concerns, compliments or issues raised by or on behalf of the residents**
- 2. To identify those Homes/Units whose delivery of service can be designated best practice**

Volunteers, Board Members and staff will be instrumental in designing and developing the questionnaire. We will be adopting the 'Wave' approach which will enable us to modify our methodology, particularly our questionnaire as we test its efficacy as a result of our visits.

Embedded within our 'Wave' approach the input of an Owner Provider was sought, to assist with the development of an appropriate set of questions which will form the basis of effective analysis.

The information will be collated and published in report format. The reports will be approved by all Healthwatch personnel involved in Enter and View, including the Manager of the Home or Hospital and signed off by Healthwatch Herefordshire's Chair. They will be used to inform and advise local providers and Commissioners.

## Summary of findings

Wye Valley NHS Trust provides community services and hospital care to over 180,000 people in Herefordshire as well as urgent and elective care to over 40,000 people in mid-Powys. The catchment area is rural and remote, with more than 80% of service users living 5 miles or more from the city or a market town.

Wye Valley NHS Trust was established on 01.04.2011; it was England's first integrated provider of acute, community and adult social care services amalgamating Hereford Hospitals NHS Trust, NHS Herefordshire's Provider Services (barring Mental Health) and Herefordshire Council's Adult Social Care under a Section 75 arrangement. The arrangement with the Council ended in September 2013; the Trust no longer provides ASC.

With an estimated annual turnover of around £160 million, the Trust employs around 2,700 staff.

### Wye Valley NHS Trust's response to the Francis Report

The Francis Report, following the public inquiry which identified significant failings in care at Mid-Staffordshire NHS Foundation Trust's Hospital, was published in February 2013. Wye Valley NHS Trust acknowledges there is no room for complacency and established a team to make sure any lessons that can be learnt following the publication of the Francis Report are acted upon.

### Frome Ward - capacity and staff

#### 35 beds and encompasses

- Frailty Assessment Unit with 14 beds - people with memory impairment
- Acute assessment unit 21 beds
- GP referral beds

Frome Ward is a short stay, assessment ward with acute patients being moved on to other more appropriate wards and the Frail and Elderly moved on, appropriately, after their assessment.

#### Staffing:

8 trained RGNs over the day, evening and night 4 HCAs in morning 4 HCAs in afternoon and evening 4 HCAs at night. The Ward Hospital Sister asserts that she will not operate with under 7 RGNs.

One Nurse is the main coordinator for the shift, liaising constantly with the Site Manager identifying empty beds, both inwards and outwards and moving patients as appropriate.

It is a very busy ward - the staff is divided into teams, red and blue - Consultants attending patients, relatives (even though there are visiting times, it is not always beneficial to the patients to keep to those as relatives sometimes come in to help); Porters, Sodexo (food); cleaners. Even though Frome Ward does take patients straight from home, if they're full they have to go via A&E.

Handovers - paperwork concerning incoming and outgoing patients is onerous, up to 18 pages and includes:

- Assessments
- Pressure sores - mapping and safeguarding
- Water low score
- Date incident form
- Malnutrition
- Bedrails
- Falls

- Activities of daily living - looking at capabilities and risks

Frome Ward works closely with physiotherapists and occupational therapists; they have a small stock of their own mobility aides. These professionals are widely involved in the discharge plans.

Communication concerning patients is detailed on the whiteboard behind the Nurses' station in the centre of the ward. In addition there is now a Pipa board - patient information, symbols annotating:

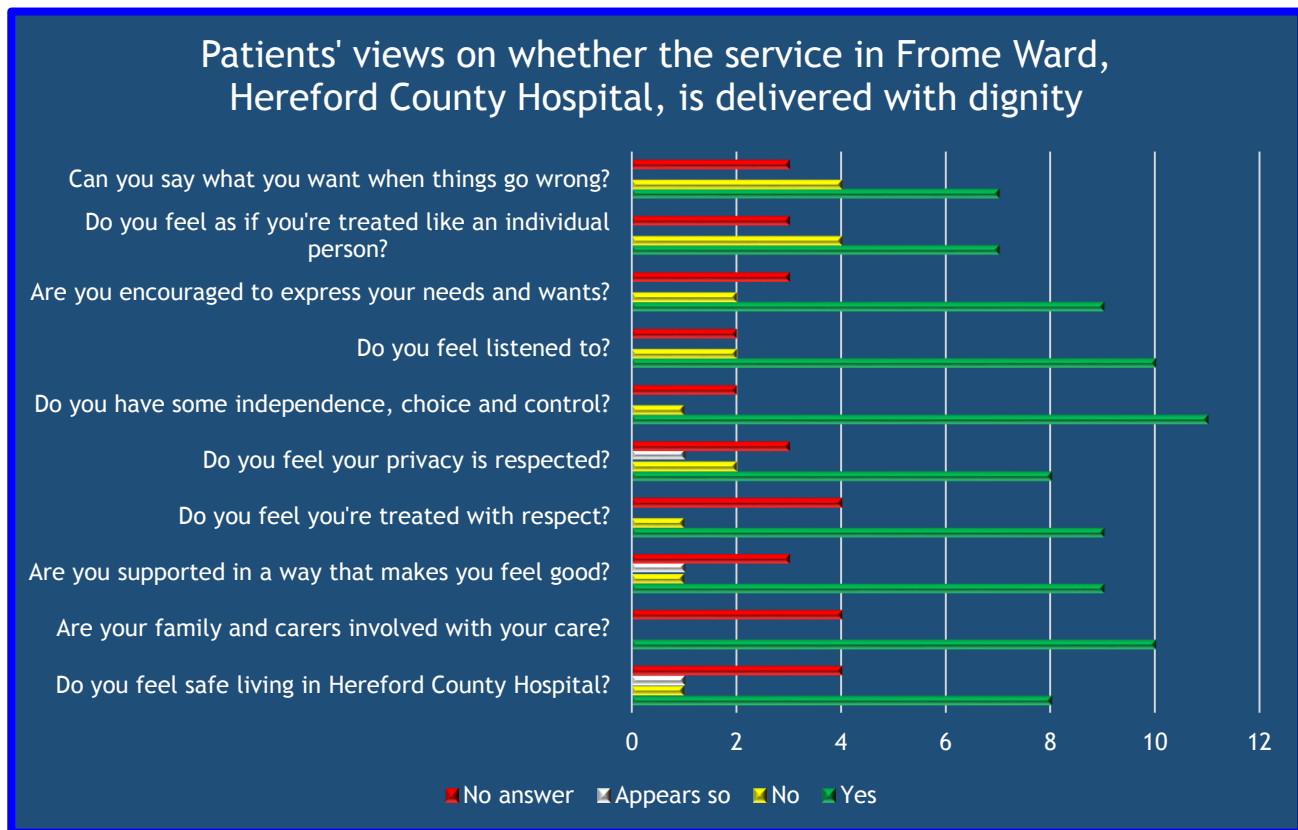
Peaches	pressure area care
Red cup of tea	assistance with hydration and diet
Blue Flower	Forget me not - memory impairment
N	'News' Frequency
Green leaf	Could be prone to falls
Red leaf	Has already fallen

### Summary of patients' views concerning the treatment they received in Frome Ward

Authorised representatives were guided by Staff and spoke with 14 patients and carers articulating the views of the person they were caring for. The majority of patients had varying degrees of memory impairment, some, however, without cognitive deficiency. Generally, patients and carers found that the service was good, adhered to the 10 principles of dignity, with caring, respectful staff who made patients feel safe, espoused independence and engendered an environment which welcomed feedback.

### Results of Visit

14 patients and carers gave their views on the way the service was delivered on Frome ward with specific reference to the 10 principles of dignity. The results are as follows:



57% of the patients said they felt safe in the County Hospital. Added to those who did not answer Question 1, and to the patient who, on observation, appeared to feel safe that percentage could be much higher. It would appear that a higher percentage of patients and carers who took part had involvement from their family and felt empowered through the support they were given which made them feel good about themselves and contributed to their feeling of retaining independence, choice and control. There were mixed reviews on the choice of food; some patients indicated that it was fine, whilst others were less

positive. The majority of those participating felt respected and that their privacy was respected too. The figures relating to being treated as an individual and having the ability to talk out when things did not go right had a higher percentage of negativity but that could be outweighed by the number of patients who did not answer those particular questions.

### **Quotes from patients:**

#### **1. Do you feel safe in Hereford County Hospital?**

- Yes - sometimes staff running from one to another - pressure of large ward
- Yes - yesterday afternoon admitted
- Yes, I feel very safe
- Yes - staff fantastic
- Yes - been in before and no complaints about treatment - dignity respected
- To a degree - great nursing pressures, too few staff, too much paperwork
- Can't always get Nurse to talk. Not enough Porters to help Nurses/HCAs

#### **2. Are your family and carers involved with your care?**

- Wife phoned in at 6am - good response/communication
- Yes, sister - but there is limited parking - difficult to visit
- Flexible visiting except early morning - have to bring in food, not enough of it and it's gross!
- Yes - 2 girls and 1 boy - stays with me
- Yes - 2 sons and daughters (1 son died) Daughter works in Lab, Wife comes too
- Son can
- Yes - always can visit to see me
- Yes - husband - he is very happy with treatment
- Yes - welcomed here
- Yes, generally but depends who's dealing with me - husband if needed but ok normally

#### **3. Are you supported in a way that makes you feel good about yourself?**

- Carer, "He is critical in nature" (patient answered no)
- No - felt unsupported in early hours because no one around to help with my needs
- Treatment on ward more like hospital than previous treatment in A+E
- Yes - Nurses saw I was struggling with breathing Instantly helped
- Yes - always informed about what's happening to me and moving sideward to ward
- Yes - staff very nice
- Yes - definitely
- Carer, "Yes - expresses herself and is persistent and listened to; got fantastic GP - Mark Walker - very individual care"

#### **4. Do you feel that you are treated with respect?**

- Yes - cannot understand why the Hospital is being slated
- There are individuals who show respect, but overall no respect for me individually
- Nurses are caring and fantastic
- Yes - all staff from Junior to Senior will help you with anything
- Yes - Staff are lovely
- Yes - staff ask if it is ok to use his Christian name
- Yes generally. Agency staff issues. Food diabolical and not good for diabetes - bad salads! Lots thrown away

#### **5. Do you feel that your privacy is respected?**

- Up to a point - but sometimes they are irritating
- Yes, when possible, with curtains, like 4 bed wards
- OK; don't mind the ward, I like being with people
- Yes - side ward lovely, have to accept lights on and traffic
- Yes, very much so
- Yes, generally. Didn't know who nurse was. Sometimes nurses don't have name tags, guess this is due to infection control

#### **6. Do you have some independence, choice and control?**

- Yes - need to be assertive as he is not ready to go home
- Yes - food, lots of selection
- Yes even though A+E a waste of time! But am very confident and able to influence treatment
- Yes, in a sense - asked before treatment
- Food disgusting - no real choice
- No - haven't seen a Doctor since 9am yesterday. Don't know when I will do and what's happening

- Yes, I was given the option to bring dinner back later
- I don't know what is going to happen to me yet. Yes about care, no about meals
- Yes, they always bring what is asked for. Food - diabetic - must be weighed. Need more personalised diet

**7. Do you feel listened to?**

- Yes - DNR discussed with Doctor and noted
- No, haven't had results of echo communicated to me
- Yes, do help with shutting window
- Yes, I was listened to
- Yes, excellent Junior Doctor - amazing place, side room lovely
- Yes - problems with WC seat, listened to. No language difficulties
- Yes definitely - had good discussion with Doctor
- Not always here. Some overseas doctors, sometimes can't be easily understood

**8. Are you encouraged to express your needs and your wants?**

- Yes - but never thought of expressing choice
- Yes - asked me about what I need - towels, washing
- Yes, always
- Yes definitely - press bell and someone comes straight away
- No problem explaining and things and discussing issue
- Yes definitely - no problem

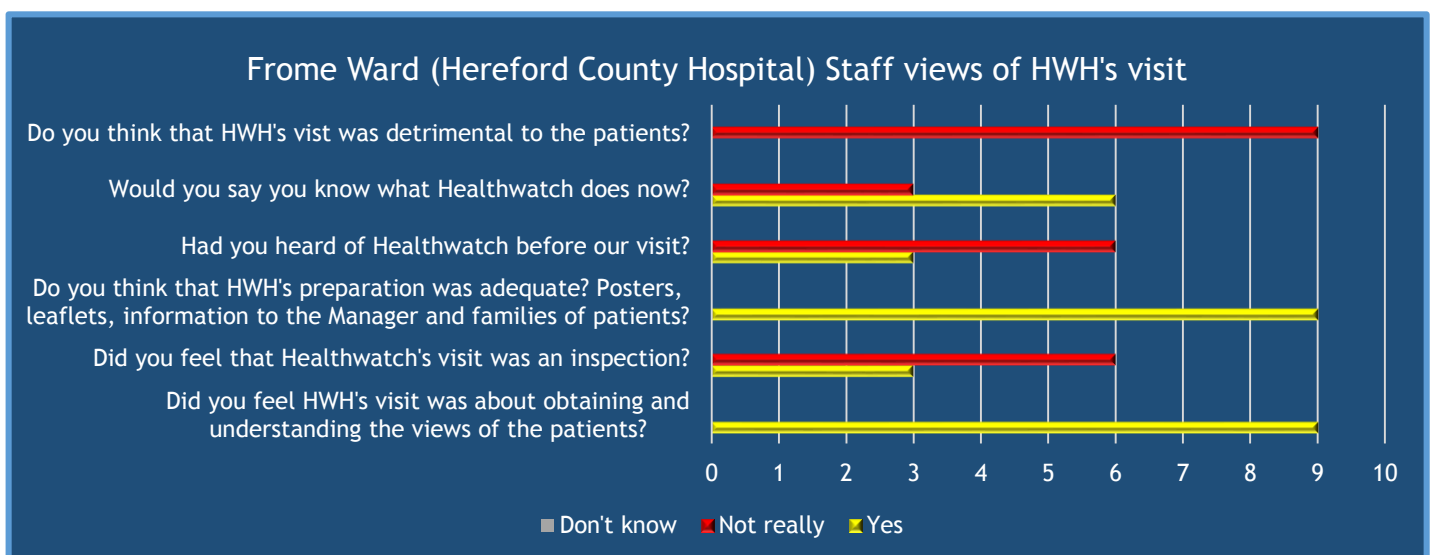
**9. Are you treated as an individual with a personalised service?**

- Yes - cleaners are friendly
- No, shift don't say goodbye - no real sense of a person, just a particular problem
- No - nurses busy and nothing to do, nobody to talk to - not enough nurses
- No, in under a dietician and don't get what I ask for with food
- Yes - watched 3 people change bed in one night - all types of patient - pregnant Lady, someone with dementia, one very dishevelled - tend to all needs
- Yes, but - toilet seat far too low and have difficulty using
- Only had snacks, but food perfectly ok. Hot, edible and get a choice - generally get what I ask for
- Not ideal environment, can't be seen by mum, can't get at bell, Nightingale ward is easier to deal with

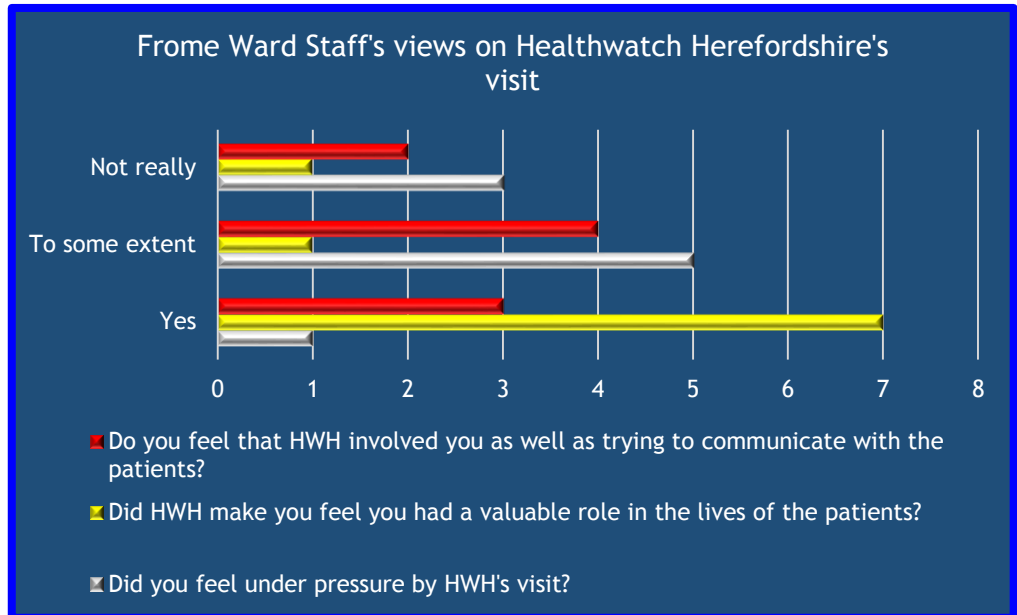
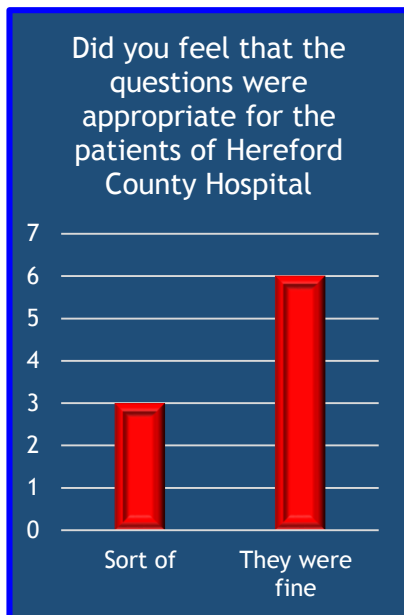
**10. Are you able to express your thoughts, even when things go wrong?**

- Too many pills but system settled down
- Think so - do not like to complain - if really wrong would get the message over
- No - no encouragement to ask concerns - only 1 person listened and made effort to find out what is happening
- Yes - had huge rant at nurses - they did listen
- When asked for a set menu, I don't get what I ask for Cheese and biscuits as a pudding - can't have both
- "Can't fault it"
- Yes definitely - very articulate

**9 Members of Staff gave their views on Healthwatch Herefordshire's visit to Frome Ward**







It is apparent that the engagement process should encompass involve staff more effectively, reducing the feeling that Healthwatch's purpose is to inspect rather than engage with the patients in the ward.

## Additional findings

### Food

- There were various comments about the food; some people thought there was plenty of choice, other people thought the choice was very limited. However, the point raised with the Sister of the Ward at the end of the visit was the fact that one patient had said that there was not enough food. Various reasons for the amount of food for this particular patient were discussed with the Sister, including the fact that some patients' food is regulated by a dietician. It was agreed that the Sister of Frome Ward would have a chat with Sodexo, the provider of the food, and ensure that patients were informed that they could ask for bigger helpings.

### Height of lavatory seat

- One patient explained that the height of the lavatory seats were not suitable for everyone. The Sister of the Ward said Occupational Therapy has already been involved and an appropriate seat had already been ordered.

### Communication

- Comments from carers and patients about feeling there was a lack of communication generally, but particularly around joining up information from different consultants, were discussed with the Sister of the Ward and the Lead Nursing Sister. It transpired that there is already an information leaflet being designed and developed which would assist patients on their pathway through Frome Ward. It was also recognised that whilst the Consultants in the assessment unit were in communication with other Consultants concerned with the patients' treatment, this was not always imparted to the patient.

## Recommendations

On a ward where there are elderly, frail and vulnerable patients, it is absolutely essential that the healthcare professionals use a joined up and coordinated approach to communication, ensuring that patients, or their carers, families and friends, are as well informed as possible. Effective communication forms a fundamental but crucial part of the help and support healthcare professionals deploy in the treatment of their patients' illnesses.

Healthwatch Herefordshire would like to recommend:

1. Patients, their carers, family and friends, are kept abreast of all developments concerning the treatment they are currently undergoing.
2. Crucial information-sharing between all professionals involved in the patient's healthcare should be shared with the patients, their carers, family and friends.

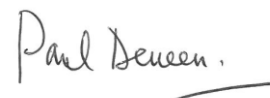
It is most encouraging to note that an Information Leaflet is currently being developed for patients in Wye Valley Trust. Healthwatch Herefordshire would be more than happy to have an input should it be required prior to its production.

## Hereford County Hospital - Frome Ward - Response

As a ward we found the visit very helpful and the comments in the report will be shared with the team. It is always useful for us to know how our patients and relatives feel about the care they receive and how we can improve and also reassures us that we are doing a good job.

Signed

Paul Deneen OBE DL JP  
Chair Healthwatch Herefordshire



**healthwatch**  
Herefordshire

Appendix 1 - Poster announcing visit

# Healthwatch visits Frome Ward Wednesday 21<sup>st</sup> January 2015

**Healthwatch Herefordshire is visiting on 21<sup>st</sup> January in order to ask Patients what they think of the service provided at Hereford County Hospital, Frome Ward.**

**We want to establish where best practice is being delivered in Herefordshire, or where improvements could be made.**

**We would like to invite patients' families, friends and carers to take part in this visit, assisting your loved ones to voice their opinions. Everyone's views are important, so please help us get an overall picture of the service at Hereford County Hospital, Frome Ward.**





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**Hereford County Hospital, Stonebow Road, Hereford, Herefordshire HR1 2BN**

**T: 01432 355444**

**Wednesday 21<sup>ST</sup> January 2015**

<b>Healthwatch Personnel/authorised representatives</b> <ul style="list-style-type: none"> <li>• Ian Stead, Board Member</li> <li>• Allan Lloyd, Board Member</li> <li>• Val Javens, Community Engagement</li> <li>• Christine Price, Enquiry Line</li> </ul>	<b>Volunteers</b> Debra Tritton Margot Forde Joyce Thomas	<b>Reserves - Volunteers</b> <b>Gareth Gwenlan</b>
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**Programme**

Time	Personnel	Activity
<b>9.50 Arrive Hereford County Hospital - meet in Foyer. Meet briefly with Julie Glover 10:00</b>	Arrive Hereford County Hospital - Healthwatch personnel meet Hospital Sister, Julie Glover	<b>Meet Julie Glover</b> , introductions, reinforce we are engaging not inspecting, induction regarding fire and any other issues we might need to know of, then HWH personnel meet together for briefing. <b>Emphasise that if advised to depart in order that service continues unhindered, take advice and depart.</b>
<b>10:05 - 10:45 Healthwatch Team Briefing</b>	<p align="center"><b>Authorised Representatives</b>                      Ian Stead                      Allan Lloyd                      Val Javens                      Debra Tritton                      Joyce Thomas                      Margot Forde                      Christine Price</p> <p align="center"><b>Reserves</b>                      Gareth Gwenlan</p>	<b>Pre-meet to discuss:</b> <ol style="list-style-type: none"> <li>1. Overview of Hospital resulting from Val's visit on 8<sup>th</sup> January - details already sent out</li> <li>2. Approach, methodology, how we use questionnaires</li> <li>3. Flexible approach when asking questions</li> <li>4. Specific guidelines, safeguarding, diversity &amp; equality and confidentiality</li> <li>5. Establish - refer direct to Julie if not sure of anything</li> <li>6. Split team into three teams - 2 and 2 and 3</li> <li>7. Who is going where - to visit which part of the ward</li> </ol>
<b>10:45 - 12:15</b>	Healthwatch Teams	<b>Split up, some going to Frailty Assessment Unit and others going to general Assessment Unit - taking advice of staff</b>
<b>12:15 - 12:30</b>	<b>HWH teams meet If required</b>	<b>If required, team meet to discuss findings, if any difficulties, if all going well, however, teams carry on engaging with Patients if not necessary</b>
<b>12:30 - 13:15</b>	<b>Lunch - discuss findings</b>	<b>Julie is organising a room for us in which to get together at lunch, however, it is not a room where we can leave our belongings, so please bear that in mind.</b>
<b>13:15 - 13:45</b>	Team's Debrief, meeting other members of staff - if available	<b>Debrief</b> <ul style="list-style-type: none"> <li>• Continue meeting in private room</li> <li>• Ascertain whether there are any issues which need to be raised with Julie Glover outside the Enter and View analyses. Decide, note on these will be taken forward.</li> <li>• Decide whether we need to ask for action plan for recommendations, re-visit, re-meet with any specific concerns about Hereford County Hospital</li> </ul>
	All team members welcome	<b>Meet with Julie Glover - alert Sister to any untoward findings, thanks, advise about decision</b>

<b>13:45 - 14:00</b>	Meet with Hospital Sister	<b>regarding recommendations, action plan, re-meet, re-visit. Outline feedback from Hospital required.</b>
<b>14:15</b>	Healthwatch Personnel	<b>Depart</b>