

Details of visit

Service provider:

Service address:

Date and time:

Authorised representatives:

Wye Ward, WVT

Union Walk, Hereford, HR1 2ER

Friday 30th October 2015 - 09:50 - 14:30

Debra Trittton, Sheila Archer, Joyce Thomas, Margot Forde, Val Javens, Paul Picken, David Faulkner

Acknowledgements

Healthwatch Herefordshire would like to thank Wye Ward, Wye Valley Trust, all their patients, visitors and staff for their contribution to the Enter and View programme. They would also like to thank all their authorised representatives who took part in the visit.

Disclaimer

Please note that this report relates to findings observed on the specific date and time 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 outlined.

‘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 at the point of service delivery. Evidence-based feedback is reported to Providers, CQC, Local Authority and NHS commissioners, quality assurers, Healthwatch England and 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 & View addresses HWH’s Core Priorities: Integrating Services; Communicating with the Public; focusing on harder to reach people. HWH’s 2015-2016 E&V visits will focus on engagement with people with sensory or physical disability; their carers, family and friends in 4 care homes & 2 WVT units. 10* Dignity Challenge will be used to identify where good practice is being delivered or where improvements could be made.

‘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.

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



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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 whose voices often go unheard; offering them an independent, trusted party (lay person) with whom they feel comfortable sharing experiences. Carers and relatives are invited to participate, helping to articulate the views of service users where necessary. It is 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. It is supporting the local Healthwatch remit to 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 2015-2016. HWH will engage with people who have sensory or physical disabilities who are using health and social care services, recording and subsequently analysing the views of their experiences, focussing on an accessible and inclusive service being delivered with dignity.

Healthwatch has identified people with sensory and/or physical disabilities as its target groups for 2015-16, thus Enter and View's aim is to reach these vulnerable people whose voices are seldom heard. An objective of the visits will be to find out how easy it is for service users to interact with current feedback systems or if they think there could be ways to make these systems more user-friendly and effective. Herefordshire's dignity principles will form the basis for finding out how the services are delivered.

Enter and View 2015/16 will encompass: four care homes, randomly selected from the CQC list of publicly funded, residential homes, identified for providing for people with sensory and physical disabilities, and two Wye Valley Trust venues whose patients include HWH's target groups.

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. Healthwatch England sets out guidelines emphasising the importance of a collaborative approach with Providers and/or Managers.

The views of these vulnerable people will be gathered, and through HWH's promotion as well as collaboration with the providers, families, carers and friends will be invited to participate and, where necessary, help articulate those views. Paper-based recording sheets will be used by authorised representatives. The overarching objectives will be:

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

Focus Groups of disabled people will be instrumental in designing and developing the topics for discussion and ultimately, if they wish, volunteering to take part in the visits. A 'Wave' approach, facilitating flexibility, will enable HWH to modify its methodology, particularly the themes of conversation as HWH test their efficacy as a result of the initial visits.

The information will be analysed on both quantitative and qualitative content, and recommendations made based on the conclusions of the visits.

Work plans will be formed with Providers in the case of detailed recommendations being made, and subsequent visits incorporated into the plans.

The information will be collated and published in report format. The reports will be discussed with the Providers and all Healthwatch personnel involved in Enter and View, and ultimately signed off by HWH's Chair. They will be used to advise local Providers, influence decision making Commissioners regarding present and future services, and inform Healthwatch England, NHS England and CQC.

Summary of findings

Wye Ward became the single site stroke unit earlier on this year, and further changes have culminated in the ward being split into areas designated as hyper-acute, acute and rehab.

10 participants took part in Healthwatch Herefordshire's Enter and View Visit to Wye Ward, WVT. 2 were carers, the other 8 were patients.

Out of the 10 people HWH engaged with, 7 said that they had been brought into hospital by ambulance. 3 people said that their GP had referred them. All respondents said they liked the staff, 8 said they liked the food (although one gentleman conceded that it was not as good as his wife's), 5 respondents said they interacted with other patients in a way which engendered friendships and 7 said that the therapies has assisted their recovery.

The majority of people engaged with did not want more food choice, whilst half the patients said that a day room would be beneficial for their rehabilitation. 4 people said they didn't want more involvement from their families.

7 patients who took part in our visit were confident about complaining and said that they wouldn't hesitate to raise issues if they needed to. More importantly they did not feel that things would get worse if they complained, only 2 people said they felt that staff may get into trouble by the issues they raised.

Respondents did not indicate that they wanted other methods for raising issues. 5 patients felt assured that things would be resolved if they did raise any issues they were not happy with.

9 respondents said that they were treated as an individual, and indicated that they did not think that staff needed any more training; 4 said that they thought there needed to be more staff.

Not everyone answered the questions about how they felt about the dignity with which they were treated, but 7 respondents felt they were treated with respect and were in the right place. 8 patients said that they were listened to and encouraged to be independent.

The Healthwatch team found that patients were positive about the service they were receiving on Wye Ward and given the changes that were being instituted the week after their visit (dividing the ward into specific areas), the authorised representatives were cognisant of the proactive approach adopted by the ward management team.

In accordance with the patients' views of the service they were receiving, and recognising that HWH's Enter and View visit was a snapshot representation of what the people we engaged with said on the day of the visit, we would like to commend all the staff on Wye Ward and would like to support the proposals they are considering to introduce a day room.

Results of Visit

Preparatory visit with Ward Sister - Overview of Healthwatch

An overview of Healthwatch Herefordshire and its statutory role in health and social care as the patient's champion through engagement rather than inspection founded the discussion on 16th October 2015.

Recognising the difficulty around meeting the staff before the visit, a request was made that staff were briefed about Healthwatch prior to the visit, so they knew about its statutory functions and responsibilities. Posters and handouts were provided in order to invite patients' friends and carers on the day of the visit.

Wye Ward background

Wye Ward became the single site stroke unit earlier on this year, further changes saw it split into areas encompassing a hyper-acute, acute and rehab unit. Hyper-acute patients, therefore, will be in an area subject to constant surveillance from ward staff, and will reduce the necessity for constantly changing beds. Since becoming the single site stroke unit it has had increased numbers of physiotherapists, occupational therapists, dieticians and nurses. The aim is to treat people from admission to discharge (whatever form that discharge may take - i.e. Early Supported Discharge {ESD}). Rehab on the ward, however, is defined as a period of six weeks.

Evaluation of service delivery from the patient experience point of view

Family and Friends evaluation is the main form of evaluation but it is quite difficult because the nurses are not allowed to help which, given that some patients may have impaired cognitive ability whilst in the ward, is restrictive. The Housekeeper generally helps with 'Family and Friends' but does not have a substitute when she is away. The Ward Sister does operate an open door system so anyone can come and talk to her, but she finds that generally patients' family and friends speak with the nurses and therapists.

Recruitment of staff

Wye Ward instigates its own advertising, specifically for Stroke Specific Nurses. The Ward Sister is interviewing currently for a staff nurse, but because of recruitment difficulties with qualified nurses, more trained assistant practitioners are now on the Ward who are able to undertake some tasks which are usually performed by qualified nurses. The Ward Sister is keen on this approach as it reduces the necessity to rely on agency staff.

Wye Ward capacity

Capacity for patients: 26 beds: from November it will be:

- 6 beds for hyper-acute
- 8 beds for acute
- 12 beds for 6 week rehab

Staff hierarchy 1 Band 7 2 Band 6 10.3 Band 5 - qualified nurses (should be 21.62)

5.8 Band 4 (assistant practitioners, foundation level) 18 Band 2

The Ward Sister has two deputies, or junior sisters.

Engagement with families

Patients' families, friends or carers can ask to speak with the Ward sister any time; PALs is the predominant medium for collecting patient feedback. They don't, however, routinely visit the ward.

Referrals of patients

GPs can refer patients to Wye Ward but they all stroke patients have to go through A&E which effectively means they are directed straight to Wye Ward instead of going through an admissions unit. The medics in A&E are required to provide the correct diagnosis and treatment.

Service on Wye Ward

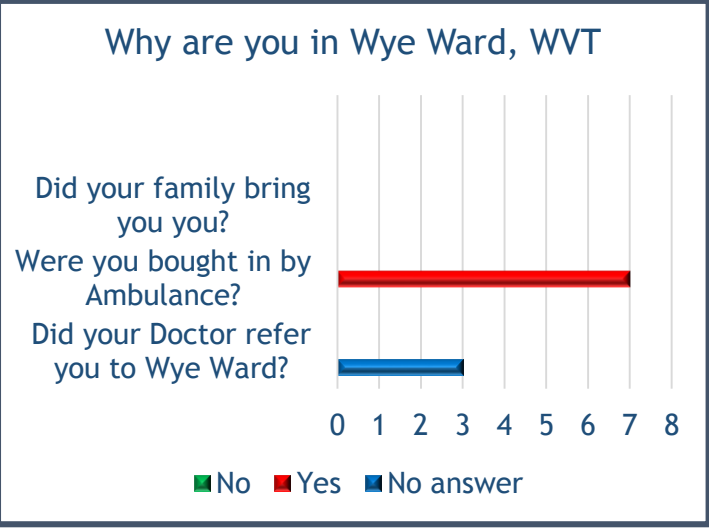
Patients get a good service on Wye Ward; it is acknowledged however that it is not always easy for relatives as stroke can be a very difficult condition to come to terms with. When loved ones do not recover quickly, it can be hard to understand for relatives, and issues become very emotive.

Access to aides

The new Operations Lead is very supportive of the proposal to have a day room associated with the single unit for Stroke patients. At the moment they have nowhere to interact with other patients, or their own families. As, potentially, they could be on the Ward for some weeks, the Ward Sister sees it as crucial to have an additional area as a day room, which will contribute to the recovery and rehabilitation of stroke patients.

Results of conversations with Respondents

Reasons for patients to be on Wye Ward, WVT?



Was at work; went to GP with headache and blindness

Stroke at home

Live in Powys; was in clinic when I felt ill; I was bought here

At home - was referred by GP - in ambulance

Had heart attack - 18 years ago

Had a stroke; difficulty with talking - came through A&E

Not sure - came through A&E; doctor left a lot to be desired - came in at 5.15 young woman Doctor didn't pay any attention to me at all

Had a bleed and stroke

Been here for 3 weeks; need to get out in 3 weeks. Had a melanoma operation in My; early October - Stroke!

What respondents liked about living at Wye Ward, WVT

Very efficient; everyone talks to you; very friendly and very thoughtful

Better than Frome Ward

2 days in another ward; physio - good training; can now move himself; some days he goes to gym in the morning

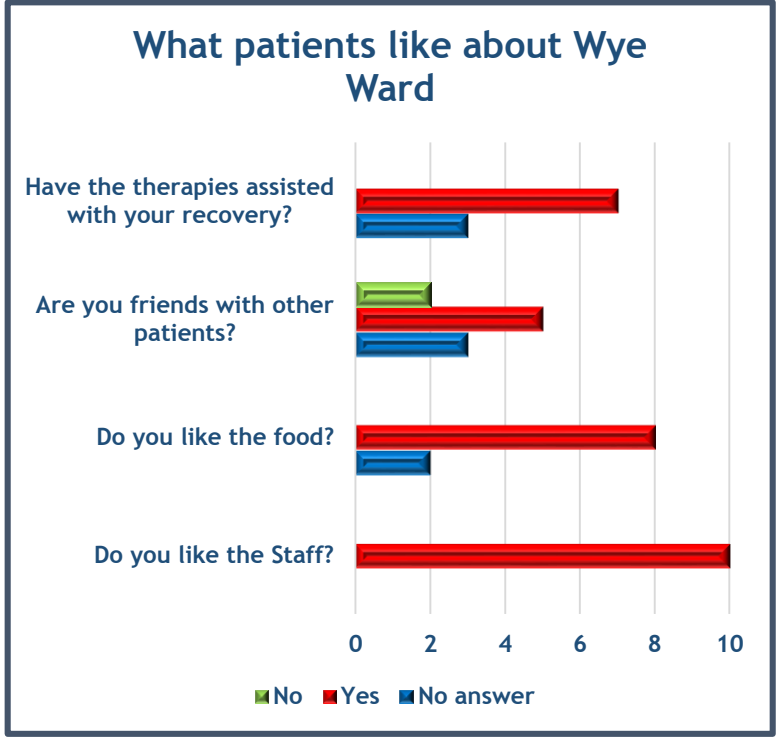
Double portions of food

The nurses are all attentive; do go to gym in chair. Show you exercises

Menu quite good

Lots of therapies daily; has problems filling in menu, they have helped

Good staff - very good



Can't fault quality of staff and level of care; food is okay but not like my wife's. Been in hospital four times this year with lots of other issues, medical, prostrate

Respondents said what could be better

TV very expensive! Can't get about yet, but actually think everything is very good

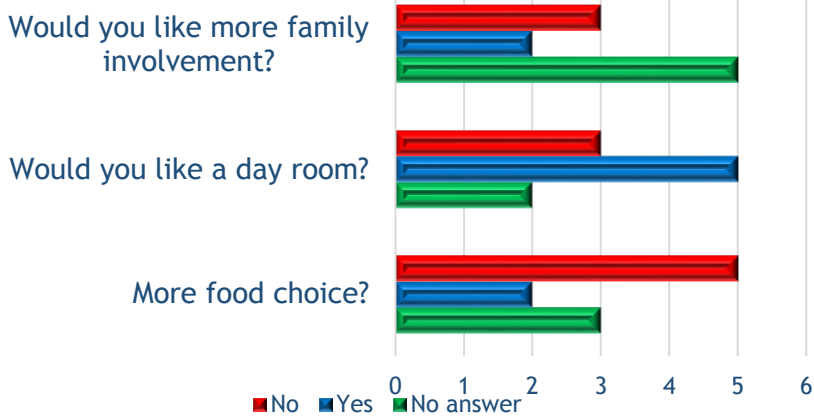
Putting on weight

Drink availability

Didn't like the milk, asked for blue top milk; they will bring. Needs communication with more people as just sit in one place and can't communicate with other people in ward, even though share newspapers

Tell us what could be better in Wye

Ward?



Very hot - too hot

Noise at night; staff come round every four hours and the lights are too strong

Think it would be good to have somewhere to go to talk to other people

Understaffed at times, but that seems inevitable

These lights are agony - strip lights - left on when they're not needed

How easy is it for respondents to tell staff how to make things better?

Would feel uneasy as staff work very hard and are busy all the time

Have carer as advocate

Good crowd

Easy to make constructive complaints

Complained about not having a hot drink which was rectified immediately; hard pushed to find anything I would complain about

Haven't found anything to complain about

Mentioned something and it was rectified straight away

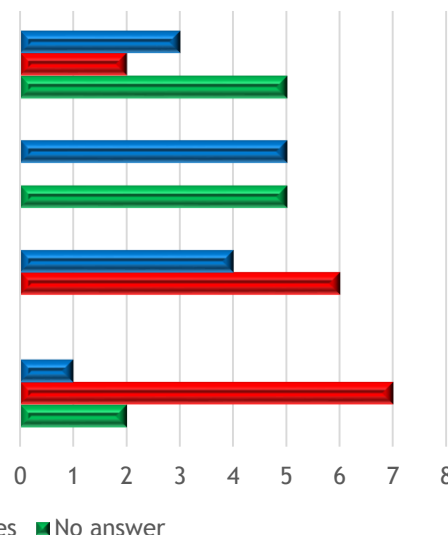
How easy is it for you to tell people how to make things better?

Do you think it would get people into trouble if you complained?

Do you think things would get worse if you complained?

Would you feel confident about complaining?

Would you complain if things were are not right?



Patients' views of what would make it easier to let people know when things are not going well?

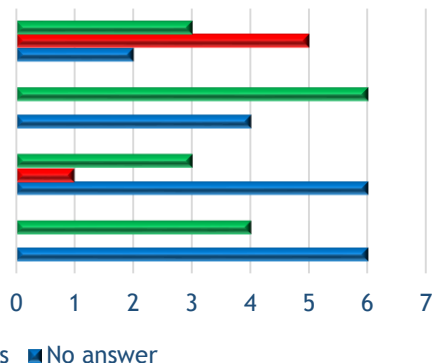
If it's hard to tell staff when things are not going well, what would make it easier?

Assured complaining would resolve issues

More patients' meetings

Someone to speak on your behalf

Suggestion Box



Feel able to say things; feel listened to

Would feel happy to complain but have no reason to do so

No complaints as yet

No complaints

Wife doesn't know what to do or how to do it

I was in WW11 so I know how to tell people when things are not right

Respondents' views on the support they receive from staff

Do staff know enough about your condition to support you in the best way possible?



Yes, very happy with input from staff; they're friendly but they are so busy they have little time to do everything

Goes with the flow, but yes

Yes, he notices staff are changing and briefed about patients

They are moving beds; therapists help me always - good relationship

Enough to cater for me - no language problems

Respondents' comments about their family involvement

Wife comes and others, but car parking is so expensive

Carer comes twice daily, and daughter comes twice a week

6 children all drive but do not bring wife

Wife knows more about care plan than I do

Are you family, friends or carers involved in your hospital stay?



Patients comments on being treated with dignity

Are you treated with dignity?



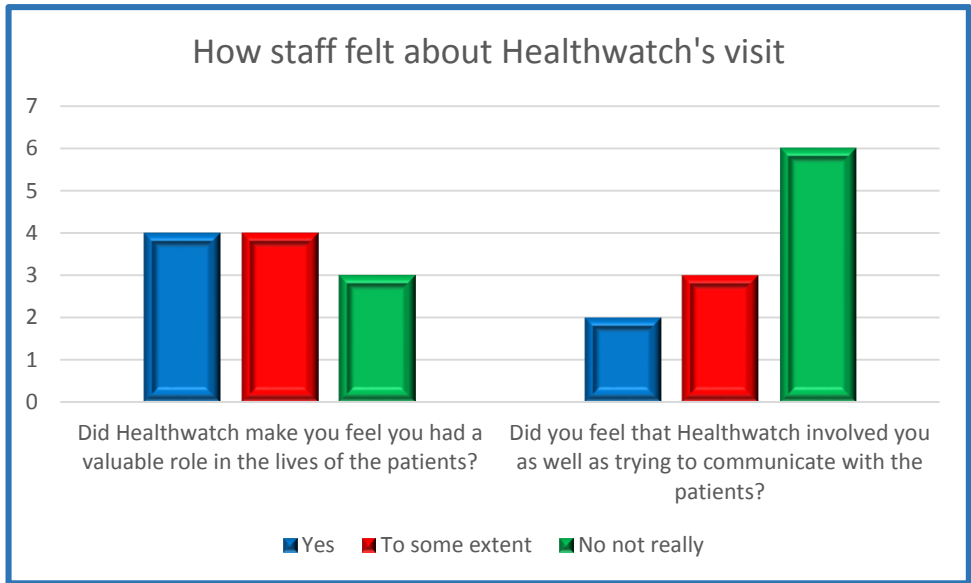
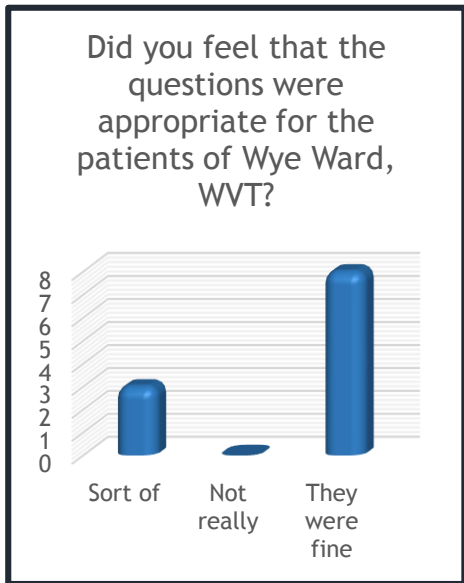
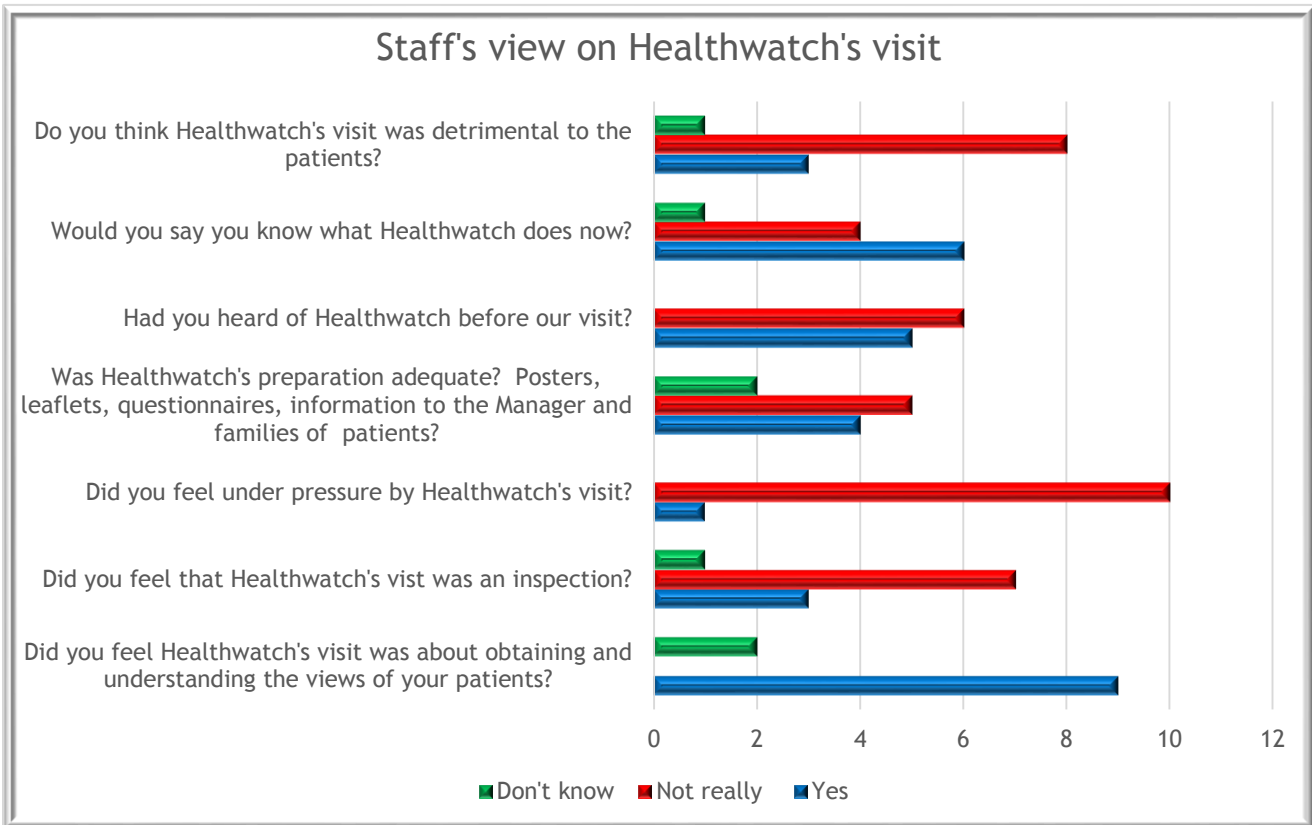
Very friendly; good dignity, always knock on door before coming in; dim lights at night, communication good

Staff good

Patient; very few minutes; little improvements; staff looking into sources of income

Nurses help wash and shave in the evening; staff know him. Change pads first thing in the morning so more comfortable

Feedback from Manager and Staff at Wye Ward, WVT
What the Staff felt about Healthwatch's visit



Comments from Staff

A large group of people arriving on the ward at once does feel like an inspection. Especially dressed in heels and suits. Perhaps a regular 'catch-up' with different staff groups would be less intimidating and you would gain a more realistic feel for the environment. I know this would not always be possible, but sitting down at a table with patients in a more casual setting might make the patients feel more empowered. I know I would feel very uncomfortable speaking to people in smart clothes when I am lying in bed in my night clothes.

Recommendation

The positive responses from the patients and their relatives led to a positive Enter and View visit out of which we, on behalf of the patients and relatives with whom we spoke, would like to commend all the staff on Wye Ward and would like to support the proposals they are considering to introduce a day room.

Wye Ward, WVT - Response

Signed

**Paul Deneen OBE JP DL
Chair Healthwatch Herefordshire**