healthwatch Warrington

healthwatch Halton

Enter and View Report

Warrington Hospital

Visits took place November/December 2015

Report published: 11th February 2016

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Background

What is Healthwatch Warrington?

Healthwatch Warrington helps the residents and communities of Warrington to get the best out of local health and social care services. We gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, 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 (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit, Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report in 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.

Acknowledgements

Healthwatch Warrington and Halton would like to thank all of the staff they met during the course of the visits, for their co-operation.

Background and Purpose of the visits

As part of our work programme for 2015-16, Healthwatch Warrington is looking at all aspects of patient experience within the hospital trust to find out how it can be ensured that all future changes will offer improvements and not just savings.

Throughout the engagement process we have collected comments from patients and relatives that highlight issues with delays and bed capacity. In particular, Accident and Emergency (A&E) has been identified as an area in need of improvement.

This report will also look at the issues relating to ward capacity, the appropriateness of the bed provided, waiting times, the effectiveness of transition to ward when needed, as well as the overall quality of care.

Details of the Visit

Location

The visits were announced and took place at the Warrington Hospital site of Warrington and Halton NHS Foundation Trust. The visits included the following departments/wards:

- **A1 Acute Medical Unit**
- **A6**
- **A7**
- **B12 Forget me Not Unit**
- **B14 Stroke Unit**
- **Accident and Emergency**

Date/Time

B12 (Forget me Not Unit) - 20th November, 2-30pm - 4pm

B14 (Stroke Unit) - 20th November, 2pm - 4pm

A7 - 4th December, 10-30am- 12pm

Accident and Emergency - 13th December, 11-10am -12-30pm

A1 Acute Medical Unit - 16th December, 10am- 12pm

A6 - 13th December, 1-20pm - 2-15pm

Panel Members

Catherine Bamber - Healthwatch Warrington, Enter and View Panel Member

Lyndsey Bushell - Healthwatch Halton, Enter and View Panel Member

Irene Bramwell - Healthwatch Halton, Outreach and Intelligence Officer

Mike Hodgkinson - Healthwatch Halton, Enter and View Panel Member

Pat Taylor - Healthwatch Warrington, Enter and View Lead

Chris Upham - Healthwatch Warrington, Enter and View Panel Member

Debbie Dalby - Healthwatch Warrington, Chief Executive Officer

Clare Screeton - Healthwatch Warrington, Office Co-ordinator

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

Angela Fell - Healthwatch Warrington, Enter and View Panel Member

Provider Service Staff

Debbie Hatton - Matron, Ward B12 & B14

Janet Rouse - Ward Manager, B14

Catherine Zwart - Physiotherapist

Laura-Jane Wood - Staff Nurse, Accident and Emergency

Carol Morris - Sister, A1

Amanda Whitehurst - Staff Nurse, A6

Details of the Service

Warrington Hospital is run by Warrington and Halton Hospitals NHS Foundation Trust. There are around 500 beds at Warrington Hospital, with about 3,000 staff working across the Warrington wards and departments. There is a designated trauma unit and the Accident and Emergency department, which sees over 100,000 patients every year.

A range of specialist services and units are located at the hospital. These include the Acute Medical Unit, the Forget Me Not ward (Dementia Specialist Unit) and Maternity services, alongside others.

A full list of services can be found by visiting the Trust's official website: www.whh.nhs.uk/.

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading. However, the essential facts of the team's reports have not been altered.

Observations from the Visit to Ward B12

First Impressions

On arrival at Warrington Hospital, members of the visiting team noted that the car park was relatively full with a small number of vacant parking spaces for patients and visitors. The hospital is a smoke free site and visiting team members did not observe any patients, staff, or visitors smoking when entering or leaving the hospital.

When walking to and from the main entrance, a visiting team member observed that road markings and the zebra crossing were in need of repainting, which could prove hazardous for pedestrians and motorists.

On entering the main entrance, the team observed that it was clean, bright and uncluttered whilst the Information Kiosk had clear signage and was staffed by volunteers. A visiting team member approached the information kiosk to enquire about the hospital car parking charging process. The staff were extremely helpful and explained that visitors can pay on entering the hospital, or when leaving through logging their vehicle registration details via a keypad into the payment machine/meter, adjacent to the Information Kiosk.

However, a visiting team member did not feel that the key pad was intuitive to use as the instructions were near to the top of the machine whilst the keypad buttons were much lower down and difficult to see, as letters and numbers were small in size and contrast. The visiting team member also noted that other patients and visitors required help to use the machine.

Within the entrance area, a Warrington Healthwatch poster was displayed on the notice board and there was clear signage directing any patients or visitors to the appropriate sections of the hospital.

The visiting team found their way to ward B12 to undertake the visit and decided to approach the Information Kiosk to enquire about directions to the ward. The staff gave the team clear and concise instructions on how to locate the ward. This included the position of signage in the corridors, which was above eye level throughout the main corridors which the team followed.

It was noted by the team that corridors on the journey to the ward were clean and clutter free, with adequate lighting. However, it was also noted that ward B12 was quite a long walking distance from the main entrance which may prove difficult for older or disabled patients and visitors. Therefore, it may prove more beneficial for patients and visitors of B12 to park in a car parking area that was observed by the team from a corridor and entrance nearer to Ward B12.

Whilst walking along a main corridor a visiting team member noted that a group of non-medical staff members were walking along the corridor and two members of the group were laughing and shouting to one another, which they felt did not seem appropriate in the Hospital setting. The visiting team member highlighted how this could prove intimidating for vulnerable patients and visitors, as an older lady appeared lost and stopped and asked the visiting team for help. However, a nursing member of staff stopped and provided help without prompting.

Access to Ward

In the short corridor leading directly to the entrance of ward B12, there were a number of easy read notice boards providing help and support to patients and visitors. There was information about a Dementia Law Clinic held at Making Space which is available to families and carers with a Warrington postcode. The entrance to the ward, as the team observed, was via a key pad and buzzer to ensure the safety of vulnerable patients diagnosed with dementia.

On ringing the buzzer the door was opened relatively quickly and a staff member invited the team into the ward. When entering the ward the team noted that there was a warm, inviting and friendly atmosphere. The lead visiting team member approached the reception desk and introduced herself and the team, explaining to the ward clerk that the team had arranged to meet staff nurse Theresa Pannis, to undertake an announced enter and view visit.

Staffing and Leadership

A team member felt that the reception desk and the role of the ward clerk was a very positive approach to hospital care, as in contrast to other wards, the nursing station has been replaced to make room for a communal area for patients to relax or engage in activities. As one team member noted, the ward clerk can monitor who enters and leaves the ward in her working hours and meet and greet visitors, which made entering the ward less intimidating.

The team were greeted by a member of staff who explained that staff nurse Theresa Pannis would join the team later during the visit, as she had been called away to an unexpected meeting. The staff member offered to show the team around the unit, staff on the ward appeared warm and friendly and were happy to answer any questions put forward by the visiting team. Staff explained that ward B12 is physician led and consists of 21 beds with a waiting list for patients to be admitted for assessment.

The staff member outlined the aims and objectives of the care provided which was to promote the independence of patients as much as possible, as reablement is a key element to any caring intervention, with the hope that patients can return to their own home environment when possible. The layout of the ward as noted by the team was excellent, the ward had matt flooring throughout to reduce falls, as Ward B12 is a rehabilitation ward. The seating areas were marked out by change in colour and the décor of the ward had been carefully thought out. This included bright colours for patient areas and neutral colours for non-patient areas. This was observed, as noted by a team member, when a nurse was offering what appeared to be the right level of support when mobilising a patient to the bathroom using a rollator.

Staff explained how the side rooms and different male and female bays are colour coded, to aid the orientation of dementia patients. The bays had been designed with one cubicle removed so that a toilet could be fitted, to promote orientation, independence and the dignity of patients. The team observed that the bays were clean, uncluttered and odour free at the time of the visit.

Activities and Leisure

The main walls of the corridor in the ward were painted white, as were the rooms and cupboard doors that staff did not want patients to enter, as they blended in with the walls. The white colour scheme was broken with bright orange bathroom doors, which had large clear signage to aid orientation and promote the dignity and independence of patients. In addition, coloured handrails stretched the length of the walls to reduce falls and aid patients with mobility needs. On one wall there was a mural of a mock up bus stop which was bright and cheerful. The mural depicted a bus with the destination being Bewsey/Odeon.

During the visit, the team observed a designated activity area which included a range of nostalgic objects including photographs donated by Warrington Museum. They were dynamic and relevant to promote memories, distraction and interaction. A bookcase was available in the cosy lounge area which had an imitation fire, the books were facing outward so patients could see the front cover and not just the spine. Staff explained that the ward employs an activities co-ordinator three days a week to engage patients in meaningful activities. They work closely with a locum Occupational Therapist as activities can include gentle exercise.

The team were provided with the opportunity to view the ward garden, which was accessible via a patio door in the designated activity area. Staff explained that the garden is tended to by a volunteer and how a seated area in the garden is used by visitors and patients during the warmer months, as patients who are able are encouraged to engage in planting activities. During the visit, the team observed patients engaged in activities with a member of staff in the seating area next to the reception desk. The team noted that all staff on B12 were polite and pleasant when interacting with each other and patients.

The visiting team were provided with the opportunity to observe a light sensory room on the ward, where staff explained how light and sound can be altered to change the mood of patients. The room was relaxing with soft furnishing and a television screen that enabled the patient to view nostalgic programmes. Staff explained that families and patients often use this room during visiting as it promotes interaction and conversational topics. In addition, the ward has specialised lighting to reduce the stimulation of patients diagnosed with dementia.

Administration

The Matron of Ward B12 & B14, Debbie Hatton joined the visiting team and explained how senior staff members through to domestic staff work as a team to ensure that patients are cared for, feel safe and fully engaged in general and social activities. Debbie further explained how the Forget Me Not Leadership Team were awarded the Team of the Year Award (2014). She also explained how staff from other wards within the hospital come to observe the care provided on the ward, as staff on B12 are happy to share knowledge and best practice to improve service delivery for dementia patients in the hospital.

The visiting team discussed referrals to the ward and the assessment process. Debbie explained how patients are often referred from other wards in the hospital, including Accident and Emergency, to minimise distress and the moving of patients. Debbie told the team that all referrals are followed up with an assessment by a specialist dementia nurse, and how on admission to the ward patients and their families are encouraged to fill out the RCN/Alzheimer's Society 'This is me' document.

The document encourages patients and family members to document the life and social history of patients, to help each patient receive the care best suited to their own individual needs, as this can help identify some behaviours directly related to the patient's life and social history. Staff further explained that on some occasions families struggle to provide information on their relatives' social history, if they have not had an ongoing relationship with the patient.

Management of Medicines

A visiting team member discussed the management of medication on the ward. Debbie told the team that staff have to adhere to the Trust medication policies. This includes the covert medication policy to act in the best interest of the patient. A medication can be in liquid form as opposed to tablet form and added to yoghurts to aid patients. Staff explained how they carry alarms for prompt reminders to give patients diagnosed with Parkinson's disease, for example, their medication as required as opposed to what is convenient for staff and the ward. The team were additionally told by staff that the current IT system was in the process of being changed to a new system. It is hoped that this will help to facilitate improved communications across the trust and community.

A further discussion with Debbie and other staff members highlighted support of family carers. Staff explained how carers are provided with a carer's card as the ward works in partnership with the hospital link worker from Halton Carers Centre. Therefore, the carer's card enables carers to visit the ward outside of visiting hours, including mealtimes, so that the carer can support the patient to eat, as staff realise that it is the carer or family member who knows the patient. In addition, the ward has adopted a volunteer scheme where volunteers are actively encouraged to be dementia friends and assist patients with feeding and providing extra support through sitting and talking to patients.

The training of staff and complaints were discussed with Debbie and the visiting team were told that since opening, the ward has received just one complaint. With regards to training, Debbie explained that members of staff are provided with a wide range of training. This includes level 2 dementia training and online training, which staff can access from their own homes and has proved to be popular. Debbie maintained that staff are to be commended for using their own time to access training and in her opinion, this highlighted the dedication and commitment of staff which is further reflected in the retention of staff and low absenteeism. A copy of the feedback sheet provided is included in the appendices at the end of this report.

Food and Refreshments

A member of the visiting team enquired about the dietary needs of patients. Debbie explained that staff ensure that any special dietary needs of patients are met and that the unit has dietary support, as staff use the 'Malnutrition Universal Screening Tool (MUST). This is a five step screening tool used to identify adults who are malnourished or at risk of malnutrition or obesity, which can be used to develop a care plan for the patient. Staff explained how patients are given options of food including finger food for patients who struggle to sit during mealtimes, whilst snacks including fruit are provided in between meals for patients who may have a poor dietary intake. The visiting team enquired about end of life care for patients and were told by staff that the ward does provide end of life care and gave an example of how a patient ready for discharge became end of life. Therefore it was decided to withdraw the discharge so as not to distress the patient and their family.

Discharge

During the visit, the visiting team enquired about the discharge process of patients and were told that discharge planning begins on day one - in line with the discharge policy. The team discussed the delayed discharge of patients and staff maintained that delayed discharges do occur on occasion, which can be due to delays in social care packages, but this was not always the social workers' fault. Relatives may sometimes have a preference for a particular care home for various reasons, but that home may have a waiting list.

The staff also highlighted how family members often ask if their relative can remain on the ward long term, which is not possible. This is because B12 is an acute ward, so patients cannot stay indefinitely. With regards to re-admission, staff explained that all re-admissions are noted and a meeting will be held to explore the reasons for the re-admission of the patient. An appropriate plan will then put in place for the patient and the family.

Towards the end of the visit, a team member was given the opportunity to speak to a visiting family who told the team member: *'It is really good on here, mum was on another ward and they did not understand dementia, but on here the staff are very good they understand the problems my mum has with her dementia. The ward is always clean and all the staff are brilliant on here'.*

At the end of the visit, the visiting team thanked the staff and visiting family for answering our questions and showing us around B12. On leaving the ward, a member of staff explained that the switch to open the door was in an inconspicuous place, as historically a patient had figured out which switch opened the door.

Observations from the Visit to Ward B14

First Impressions

A sense of frustration is felt almost immediately when entering the hospital site because of the lack of sufficient parking spaces. This involved driving around the car park several times looking for someone leaving, then driving to another car park, then back to the first one and eventually being successful. Someone going for an appointment or to visit someone may be in an anxious state and become even more so before they enter the building.

The signage about parking arrangements is not very good and we noticed people on the car park looking for machines to purchase tickets, but of course they are actually in the hospital. There were several people at those machines looking quite bewildered and confused. One in particular was distressed because she could not remember her registration number, which is essential if a hefty fine is to be avoided. The fact that you can only purchase up to five hours for £3 is a great annoyance and people were saying so. People also said that it is very annoying if you are only going to be an hour or so and asked why is it not possible to have several options ranging from say £1 to £5, depending on the length of stay?

As you enter the main building the impression is one of hustle and bustle, as you would expect. There is a pleasantly staffed reception and information desk, shops, restaurants and coffee shop, all conveniently situated in the main foyer. It is clean and there is good signage to enable patients and visitors to find the ward or department they are looking for.

As you progress along the corridors there is again adequate signage, various notice boards and a very interesting feature on one wall which is about four feet wide and maybe one hundred feet long, outlining pictorially and in word the recent achievements of the Trust.

Access to Ward

Outside the ward there is a small seating area for visitors. It is unlikely to be sufficient at peak visiting times, but the relaxed visiting regime - which allows visits throughout the day rather than set times - probably means that there would never be a need for to have to wait visitors to access the ward. The door is controlled by an electronic entry system and it is necessary to press a buzzer to gain access. This makes it a secure environment for patients, staff and visitors alike. There were notice boards displaying information about the staff, performance figures and general information which would be of benefit to all.

Staffing and Leadership

The ward has 24 beds, with another 8 situated on Ward A8. There is a Matron, who covers this and several other wards, a Sister, 7 nurses and 5 carers. 24 hour care is facilitated on a two shift system. From 7.30am until 8pm, there are 4 nurses and 3 carers on duty and from 7.30pm until 8.00am, there are 2 nurses and 2 carers. There is additional staff cover of 1 nurse from 6pm until midnight.

There is a good physiotherapy team who assess patients within their first 24 hours, to establish the severity of the stroke. Patients are categorised from 1 to 6 and depending on which category they are in, it is reasonably accurately predicted what their length of stay will be. Some patients with minor strokes may be home within a few days, whilst others may be much longer. The Stroke Association has an office situated just outside the ward and their staff work as part of the nursing team in a cohesive way as to ensure each patient and their family are adequately supported, both whilst in hospital and afterwards.

It is clear that this team is a happy one, as their enthusiasm for their work and their patients shines through. Their staff retention and recruitment rate is good and there are team members who have been there for over 20 years and one over 30 years. They very clearly, take a pride in the service they provide.

In talking with patients and several visitors, it was established that their efforts are appreciated and whilst acknowledging that there are times when they are stretched, there was a general satisfaction with the care they provided.

Food and Refreshments

All patients are assessed to see if they can swallow on admission and this determines the feeding regime. Some may need pureed food initially and then as they progress, move to a soft diet before moving on to normal food. Others may need to be fed through nasal or stomach tubes. Those on normal diets are given a varied menu choice and if necessary, staff or family members assist with eating. There is a record kept of the amount of food left by each patient at each meal, to ensure they are getting sufficient nourishment. Families can bring additional food items in if they wish.

Smoking

Smoking is discouraged, but if patients insist and there is sufficient staff capacity then they will be taken outside to smoke. Family members may also facilitate this. It is not a priority and in any event, patients who do wish to smoke are few are far between.

Privacy and Dignity

The staff are very conscious of modesty issues and the ward is arranged into several bays, each with 6 patients of the same gender. There are also six separate cubicles for the more severe patients. Where possible, informed consent is obtained for procedures directly from the patients but in some cases it is necessary to involve a relative. Every patient and their family are aware of their care plan.

Safety and Security

As outlined earlier, access is controlled electronically. Visitors are not required to book in; it is considered that the access control is adequate. Staff take patient safety very seriously - one particular issue that has been highlighted for some patients is the risk of falling out of bed. To try to prevent this the ward have purchased Falls Mats with money from the Stroke Fund. These mats set off an alarm if a patient is in danger of a fall and are considered essential for the more severely affected patients.

All incidents are logged in a register and also posted on the notice board for all to see, everything is transparent. The staff are aware of their safeguarding responsibilities and whilst it is rare, they have on occasions referred incidents to

the hospital safeguarding team who then take over the issue and if necessary refer on.

Discharge

It is the nursing and physiotherapy team who decide if a patient can be discharged and not the consultant. They take into account the support available for the patients once they have been discharged and ensure that it is adequate before making the decision to discharge.

Discharge is very co-ordinated. Physiotherapy staff and the Stroke Association ensure that there is adequate support at home before a patient leaves. The patient will be visited at home by a physiotherapist in the first week after discharge and at regular intervals for a year and more if required. They also receive regular visits from the Stroke Association team.

Staff Training

All staff, in addition to their professional qualifications, receive training in health and safety, fire evacuation, quality of care etc. The majority of training is on the job so there is no problem with staffing levels caused by staff absences whilst taking part in training. A new computer system called 'Lorenzo' which will give access to GP and hospital records and is about to go live and so staff are undergoing training for this. Training is considered to be important and is on-going.

Cleanliness

Observations suggest that the ward is as clean as you would wish it to be, taking into account that it is a very busy unit. There are hand hygiene signs and hand sanitation available in a prominent position, prior to entering the ward and within the ward.

Activities and Leisure

Many of the patients have limited mobility and probably have no desire to engage with activities. Those who are more mobile, if they wish, can be taken to the hairdresser within the hospital. They may also be taken, if necessary in a

wheelchair, by family members to the café or outside for some fresh air. Those who are able, can if they wish, move about the ward and are in fact encouraged to do so. There is readily available access to representatives of all faiths should it be required and this is facilitated by the staff.

Administration

Clearly the team has a good relationship with other professionals within and outside of the hospital. They do not seem to suffer too many problems with the administration system and it is hoped that the new integrated 'Lorenzo' computer system will better place them to gain accurate and up to date information about their patients.

Staff regularly talk about ways in which systems can be improved and one example of that is the grading system of stroke severity, which follows the initial assessment of patients. This system was designed on this unit and a paper has appeared in the Physiotherapy magazine and has now been introduced in other hospitals. A further paper will be published shortly, which will hopefully see it rolled out throughout the NHS.

Another initiative was in relation to a relatively young patient who had suffered a severe stroke. Clearly huge adaptations needed to be made before he could be discharged and the team contacted the television company who make the programme 'DIY SOS' and were successful in getting them on board to make the alterations which enabled him to be discharged. This was featured on the television show.

There is definitely 'patient focus' in everything they do and whether it is administration or best practice this team usually find the best way to do it. Although this can clearly be identified as a specific individual we have deemed it appropriate to mention in this report as it is in the public domain through the television screening and the link to the ward is a very positive one.

Management of Medicines

In the main, medicines are administered in the traditional way by staff. All medicines are secure and records kept. In the event of the wrong medication being

given, an incident report is sent to the hospital governance department. If a patient is well enough and able to do so, they can have their medication kept in a locked bedside cabinet. However, staff control the access. Prior to discharge staff discuss the medication with the patient, explain what each is for and ensure that they understand the importance of taking the prescribed dose at the correct intervals.

Summary

Entering a stroke ward can cause a bit of trepidation about what may be seen and also what the atmosphere may be like. The team were impressed with what they saw. Clearly, some patients were very ill and others less so, but the place was very busy, with no one just standing around and everyone engaged with patients or family members. It was a very busy unit but it gave the impression of being a happy and efficient one. Staff clearly take great pride in what they do and deliver the best possible service they can within the financial constraints of the health service. Uppermost in the teams' thoughts were '*Would I be happy if a family member was a patient on this ward?*' Having spent two hours listening to the staff, talking to a patients and family members and from the visiting team's general observations we would say that we would be.

Whilst there are always things that can be improved, the staff team are aware of that and are always searching for them. This section ends with two quotes from patients:

"The nurses are very kind and cannot do enough for me"

"The nurses are underpaid and work very hard for long hours"

Observations from the Visit to Ward A7

First Impressions

A sense of frustration is felt almost immediately when entering the hospital site, because of the lack of sufficient parking spaces. This involved driving around the car park several times looking for someone leaving, then driving to another car park, then back to the first one and eventually being successful. You can envisage someone going for an appointment or to visit someone and who may be in an anxious state and could become even more so before they enter the building.

As you enter the main building the impression is one of hustle and bustle, as you would expect. There is a pleasantly staffed reception and information desk, shops, restaurants and a coffee shop, all conveniently situated in the main foyer. It is clean and there is good signage to enable patients and visitors to find the ward or department that they are looking for.

As you progress along the corridors there is again adequate signage, various notice boards and a very interesting feature on one wall which is about four feet wide and maybe one hundred feet long, outlining pictorially and in word the recent achievements of the Trust.

Access to Ward A7

The ward is situated on the second floor, there is lift access for those requiring it. There is no security on the ward, but the nursing station is situated just inside the door.

Visitor access to the ward is encouraged to be between 1pm and 8pm, but there is a great degree of flexibility depending on the condition of the patient and the commitments of visitors. At the time of the visit, there were several visitors on the ward.

There were notice boards displaying information about the staff, performance figures and general information which would be of benefit to all.

Staffing and Leadership

The ward has 33 beds which are in five bays and one single room. There is a Sister, 3 nurses and 4 carers. 24 hour care is facilitated on a two shift system. From 7.30am until 8pm, there are 3 nurses and 4 carers on duty and from 7.30pm until 8.00am, there are 3 nurses and 2 carers. At 11 patients per nurse, it does at times get quite pressured. We were told that an ideal ratio would be 8 patients per nurse. It is clear that this team is a happy one and their enthusiasm for their work and their patients shines through. The staff retention and recruitment rate is good and there are team members who have been there in excess of 10 years. They very clearly take a pride in the service they provide. Student nurses who have completed their placement on the ward often apply to work there after they have qualified.

In talking with patients and several visitors, it was established that their efforts are appreciated and whilst acknowledging that there are times when they are stretched, there was a general satisfaction with the care they provided. There was a comment from a patient that on the occasions when there is an agency nurse on the ward, they did not have the same friendly and caring manner with the patients. This may well have been a perception rather than reality and it may well be that the regular nurses have developed a better relationship with the patients, whereas a nurse only there for a short time has not.

Food and Refreshments

All patients are assessed on admission and this determines the feeding regime. Most will be on normal foods. Others may have specific feeding requirements and those specialised diets are available. Those on normal diets are given a varied menu choice, and if necessary, a Care Assistant or family members assist with eating. There is a record kept of the amount of food left by each patients at each meal, to ensure they are getting sufficient nourishment. Patients choose their meals from a menu circulated on the previous day. Families can bring additional food items in if they wish.

There was anecdotal evidence from one patient who had witnessed an elderly lady, who was unable to feed herself, being left without any assistance on one occasion, but this did seem to be an isolated incident and in general, assisted meal times are

handled well by the care staff. Although there appeared to be a delay in meals taken from the trolley and patients who needed help receiving it, the visiting team was advised that food from the trolley was very hot and needs to cool down before patients can eat. Drinks are available at mealtimes and other times during the day as required. Glasses of water/fruit juice were seen on bedside tables.

Smoking

Smoking is very much discouraged on this ward, as you would expect for a Respiratory Unit, but if patients insist they are allowed to go outside to smoke. However, members of staff would not take them out. They are warned in the strongest terms about the consequences of smoking and are not allowed to take oxygen outside with them. Family members may also facilitate this. Patients who do wish to smoke are few are far between.

Privacy and Dignity

Staff are very conscious of modesty issues and the ward is arranged into several bays, each with 6 patients of the same gender. There are also separate cubicles for the more severe patients. Where possible, informed consent is obtained for procedures directly from the patients but in some cases it is necessary to involve a relative. The importance of giving information to patients/carers is fully understood. Each patient and their family are aware of their care plan.

With patients often being very inactive for long periods of time, bed sores are a problem. Care staff are tasked with making sure patients who require it are turned regularly to prevent sores and to regularly treat any sores they may have. There is adequate bathroom capacity with walk in shower rooms which were clean and functional.

Safety and Security

Patient safety is important and all staff are aware of their responsibility to the patients in their care. If there are any issues regarding safety, they are logged in a register and also posted on the notice board for all to see, everything is transparent. They are also aware of their safeguarding responsibilities and whilst it

is rare, they have on occasions referred incidents to the hospital safeguarding team who then take control and if necessary refer on.

At the beginning of each shift there is a briefing for the staff coming on duty. This covers patient safety, as well as patient care.

Safeguarding is taken seriously, both whilst the patient is in hospital and on discharge. The Sister told us of patients regularly admitted to the ward who live in pretty unhealthy circumstances but refuse to accept any assistance. The ward staff are frustrated when they offer advice on a regular basis about the consequences of self-neglect. Patients understand what the ward staff tell them but make the choice to ignore this, which obviously hinders staff to support the best health outcomes but there is nothing they can do. So unfortunately, although every attention is paid to safeguarding, sometimes patients frustrate the efforts by choosing to ignore the advice or accept help.

Staff Training

All staff, in addition to their professional qualifications receive training in tracheotomy, cannulation, antibiotics, non-invasive ventilation, quality of care and other required professional competencies. These are received together with health and safety, fire evacuation, safeguarding and general ward procedures training. The majority of training is on the job, so there is no problem with staffing levels caused by staff absences on training. At the moment, a new computer system called 'Lorenzo' which gives access to GP and hospital records has just gone live. Staff have been trained in using the system but are still working their way around it. However, they believe it is a huge improvement on the paper file system whereby they had to work their way through huge paper files. Training is considered to be important and is on-going, with nurses taking a responsibility for their own professional development.

Cleanliness

Observations suggest that the ward is as clean as you would expect it to be, taking into account that it is a very busy unit. There are hand hygiene signs and hand sanitation available in a prominent position, prior to entering the ward and within

the ward. One patient mentioned an occasion when a blood stained syringe was found on the floor, but she felt this was not the norm and whilst it is not good, the team did not get the impression there is any general problem with cleanliness and the safe disposal of soiled material or sharps. Bathrooms are being converted to shower rooms. Some patients are able to sit on a chair and shower themselves. One bathroom is used as a storage area.

Activities and Leisure

Many of the patients clearly have limited mobility, and probably have no desire to engage with activities. Those who are able, if they wish, can be taken to the hairdresser within the hospital. They may also be taken, if necessary in a wheelchair (with oxygen, if needed) by family members to the café or outside for some fresh air. Those who are able can, if they wish, move about the ward and are in fact encouraged to do so. The visiting team did not see any television screens on the visit. There is access readily available, facilitated by the staff, to representatives of all faiths, should it be required. Many of the patients were quite poorly and either in bed, or sat next to it. This meant the opportunities for social interaction were limited to members of staff and visitors.

Discharge

Planning for discharge starts at the point of admission. There are two Discharge Teams operating in the hospital. One is employed by the Trust and based in the hospital and the other is employed by the Local Authority. Whilst they work independently of each other there is co-ordination between them. All patients are visited by the team shortly after admission and again prior to discharge. Any on-going care at home, specialist equipment or special needs are put in place prior to the safe discharge of the patients. If necessary, a continuing care plan is put in place for care after discharge. A member of the Social Services Discharge Team was in the ward to see two patients whose discharge was imminent, while the visiting team were there.

Sometimes upon discharge, patients are required to go into intermediate care. There is a unit in the hospital referred to as STAR (Short Term Assessment Rehabilitation) situated in the Daresbury Wing, where patients may go for up to a

week prior to discharge. There are occasions when a discharge may be delayed if an Intermediate Care bed is requested and none are available. One identified problem on discharge is the lack of availability of on-loan nebulisers for home use, after discharge. These used to be loaned by the local authority, but because of funding cuts they no longer provide them. They are not particularly expensive pieces of equipment, but at £40, they may well be beyond the means of many. Perhaps the issue could be highlighted with the local authority. If they were available it may well lead to earlier discharge for some.

Administration

Clearly the team has a good relationship with other professionals both within and outside of the hospital. They do not seem to suffer too many problems with the administration system and it is without doubt that the new integrated 'Lorenzo' national computer system has better placed them to gain accurate and up to date information about their patients.

There is definitely 'patient focus' in everything they do, whether it is administration or best practice.

Management of Medicines

In the main, medicines are administered in the traditional way by staff. All medicines are secure in a locked trolley and records kept. In the event of the wrong medication being given, an incident report is sent to the hospital governance department.

If a patient is well enough, and able to do so, they can have their medication kept in a locked bedside cabinet. However, staff control the access, but out of 33 patients only 3 were considered to be able to take care of their own medication.

Prior to discharge staff discuss the medication with the patient, explain what each is for and ensures that they understand the importance of taking the prescribed dose at the correct intervals.

Summary

This is a very busy ward with some very seriously ill patients requiring considerable care on it. Care that is provided is often time consuming, for example, ventilation. Often patients have already begun their end of life journey and the care is palliative. This is provided with care and compassion, but quite naturally this has a big impact physically and emotionally on staff. The staff are each able to recognise in their colleagues, periods of emotion and stress and whilst done in an informal way they do show compassion and empathy for their colleagues. Sometimes, all that is needed is a hug from a colleague to get them through a particularly stressful moment. Formal pastoral care or counselling is available, should it be required. They are professionals and know that sadly sometimes they lose patients that they have become attached to and generally the hug seems to do the trick.

There is a system known as 'Amber Care' for patients who are considered to be within the last 12 months of their life. There is absolute honesty in advising the patients of the pathway they are on and the likely stages along the way, such as the medication, reasons for it and the possible side effects of it. Whilst these are not easy conversations, it is essential that these conversations take place and they are done with care and compassion and will on occasions also involve family members.

There was a general feeling that this is a clean, tidy and well run ward which provides the best care for patients, some of whom are very ill indeed and often terminal. The team found that all of the staff on duty were cheerful and seemed to have a good relationship with the patients.

Observations from the Visit to Accident and Emergency

First Impressions

On approaching the hospital it was quite confusing to identify which was the actual entrance to A&E, as the main entrance is the first that a visitor comes across and then it is the ambulance entrance which comes under the main A&E entrance canopy. Therefore, the visitor has already reached two entrances before they find the correct A&E entrance – which is actually around a corner, not a straight forward entrance – someone in a distressed or confused state may find this rather stressful.

The entrance area has a glazed space, which could be utilised more effectively and made to look a little more attractive. The actual waiting area was a pleasant space with Christmas lights and decorations placed unobtrusively - but added a sense of normality. Throughout the entrance area and the waiting room there are a lot of signs, some of which are out of date, which looks like "wallpaper" because of the number of notices and information on show. It was, therefore, difficult to ascertain where procedures, PALS information etc. was on view and accessible to patients. A whiteboard at the reception desk showed the wait times, but it was not that easy to spot.

The information about the smoking policy and procedure was in evidence, but again, was not very obvious at first glance. The entrance area was very clean as was the waiting area and although the flooring seems a little tired there have been attempts to repair it, which seems safe and visible.

There did not appear to be any hand sanitiser units in the actual waiting area, though there were further down the corridor towards X-ray.

Access to A&E

In the waiting area the radio was playing quite a loud and "upbeat" dance station. Not only did it seem inappropriate for some of the older patients waiting to be seen, but it did not give a sense of calm to what was already quite a tense environment.

The staff were clearly working very hard and the flow of patients was very quick, although the speed of activity did give a sense of a "conveyor belt" approach. This was further evidenced when a gentleman with very clear mobility issues was called but not provided with any assistance – he struggled to get to the triage room and after being seen, struggled to make it on to the next part of his care journey.

The areas for paediatric emergencies, general emergencies and walk-in GP care were clearly demarcated, indeed decorated differently, even though the signage was quite small and made of temporary material.

Food and Refreshments

There were vending machines with sweets, snacks and drinks available, but the notice not to eat and drink without asking a member of staff first was not posted near to these and only came up intermittently on the information screen.

Smoking

The information about the smoking policy and procedure was in evidence, but again, was not very obvious at first glance.

Staffing and Leadership

The reception and triage staff seemed very pleasant and helpful. The call for admittance was done verbally, which against the backdrop of the very noisy music may have meant that patients would miss their slot, or would require staff to repeat shouting names out a number of times. This may add to stress levels and cause some disruption to the flow of patients.

We were shown to the nurses' station and introduced to the Ward Sister and the on-duty consultant. They were both very busy and were unable to take us round at that time, but said that they would come and get us as soon as they were free. We waited for 40 minutes and eventually went back in ourselves. The Sister apologised, but they were full to capacity and that she would not have the time to answer our questions today, but that she would get another member of staff to assist us, all the staff were working, no one was standing around.

Although the ward was at full capacity the level of politeness was clear. One gentleman was on the corridor awaiting next steps in treatment, but was attended by a member of the ambulance staff/portering staff who engaged him in polite conversation, he was clearly caring for his well-being and onward care.

There did seem to be adequate space around patients to ensure comfortable movement between bays and onward care. A clear call system is in operation and staff were accompanied and supported by other staff members at all times during our visit to give a sense of safety and risk management.

We were unable to see the matron on the day, possibly because of a communication breakdown, but the staff were helpful and a member of staff that supported us – Laura Jane Wood – was incredibly informative, polite and professional. Although the ward was at full capacity, there was a sense of calm even though the staff were working very intensely.

Laura took us on a very comprehensive walk-through from ambulance arrival through to onward care. Clearly the systems are very well coordinated and although we did not observe anybody arriving it is very clear that everyone involved has a very specific role and knows the part which they play to ensure high quality care.

Laura informed us that no one is ever left waiting in an ambulance to be seen, if it is assessed that they require urgent assistance, patients can always go straight into the specialist bay required. She escorted us down to the entrance where the ambulances arrive with patients. There is a large screen on the wall which lists the patients that will be arriving. Once the ambulance staff have signed the patient over to the A&E staff, the ambulance staff enter on to the screen that they are available for the next call out.

Laura then showed us into the main area where they will be assessed and said that there is always a doctor on duty. She also said that there are toilets in there which are used for urine samples - as it more private/dignified. There is also another adjoining area for high dependency patients where the more serious cases are taken, as it has all the lifesaving equipment.
Only patients who have been seen or have been triaged and ascertained as needing a lower intensity of care level are ever seen or attended on corridors. When this happens, there is only one corridor space that is utilised - this is screened off with temporary screening to assist with the sense of a dedicated care space, rather than a corridor. Laura confirmed to us that staff members are requested to walk around this space as to ensure that that the demarcation is maintained.

The only area that seemed to be less adequately maintained was the Clinical Decisions Unit. This space seemed to be utilised for patients longer than is ideal and

has the feel of a normal ward without the privacy levels, or facilities of an inpatient ward.

Patients wait here for consultants to make decisions and onward care to be confirmed and it did seem from the conversation we had that this is sometimes where there is "logjam" waiting for those decisions to be made, or for beds to become available elsewhere. There were no televisions or other facilities to occupy patients during this waiting time. The least appealing space that we observed during the whole visit was the "lounge" area, which is a small and very dull room where patients who do not require a bed space have to wait for results, decisions or discharge. This was a very stark and cramped small room, which did not have a television or very much evidence of reading material or activities of interest to occupy patients and carers during a time which may be quite stressful and upsetting. The decor in the room was also very uninspiring and would clearly benefit from some focused attention.

The minor injuries unit was the last place that we visited, it was very open and bright and there was a small waiting room for patients. There were, as always, curtains round all the beds, to maintain people's privacy and dignity as much as possible.

All in all, the staff were very helpful and polite. The space is very clean and seems to be well managed. There is a general air of confidence that patients are being well looked after and the flow of patient is managed in a caring and professional manner.

Privacy and Dignity

Privacy and dignity was something that was clearly at the forefront of the staffs' mind, with care taken to ensure that curtains were surrounding patients and that no patients were on view to anyone other than nursing and medical staff.

We observed a gentleman being supported by his carer who was not able to access the "accessible toilets" without a great deal of difficulty, as the entrance space to this was quite cramped.

Safety and Security

There was a keypad entry system for Children's A&E and on several other doors. There was a notice to say that people were not allowed hot drinks in the children's reception, but this was out of view and only half hanging on the wall.

Staff training

We did not discuss staff training, but did get a sense of the communication and support policies around staffing numbers and the different kinds of care relating to specialist staff and specialist equipment. All gave a sense of confidence that the staff we spoke to were very competent and well informed.

Cleanliness

Throughout our visit, we observe that cleanliness levels were very high and the general décor was to quite a high standard, apart from in the public toilets in the waiting area. The ladies toilets were very shabby – indeed, especially the floor which had masking tape covering up cracks. They did smell and look clean. We did notice that the cleaning sheet had not been signed since 12pm the previous day. The flooring was very worn in this area and there were a lot of "patch-up jobs" with yellow/black tape in evidence.

Summary

Even though our visit was during late morning on a Monday, the majors unit was full. There was an aura of calm even though it was clear that all the staff were very busy. Every inch of space was used in some way.

Observations from the Visit to Ward A1

First Impressions

The same observations as on previous visits are relevant in relation to the parking issues and this really does need to be highlighted as each time you visit, you can see people angry, distressed, confused and bewildered by the ticketing arrangements.

Access to Ward

Ward A1 is also known as the Acute Medical Unit. Whilst most of the A wards are clearly signposted on the main corridor, A1 is not. There is a sign for the AMU, but if you did not know that was A1, as the visiting team did not, then anyone would have difficulty locating the ward. The first time a sign for A1 is seen is at the entrance to the ward. This is not good and needs highlighting. Staff told us that the unit had changed its name several times in the last few years and that even hospital employees were confused. This was evidenced to us by the fact we had asked several staff members where it was and they did not know.

The ward takes patients who have been referred by their GP and also from A & E. There is an assessment section on the ward, with 6 beds plus seating to cater for GP referrals, which has two trained staff and a receptionist in. Admissions do not take place after 8pm. As an assessment unit, patients are generally short stay and are either discharged or transferred to a specialist ward within 24 hours or so.

Staffing and Leadership

The main ward has 28 beds, which comprises of 4 bays of 6 and 4 separate rooms. This is in addition to the GP assessment section mentioned above. There is a Sister, who as well as being the ward coordinator, also has nursing responsibilities, 6 nurses and 4 carers on the day shift. 24 hour care is facilitated on a two shift system. From 7.30pm, cover reduces to 5 nurses and 2 carers on duty. There is additional staff cover of 1 nurse from 6pm until 2am.

The unit has a high turnover of staff. There have been three ward managers in the last three years and junior staff often move to what are seen as less frenetic wards within the hospital.

Staff levels, particularly on nights are being made up by the use of agency nurses and this is considered to be a problem as they don't easily fit into the team and often have little or no knowledge of the ward.

Food and Refreshments

As the patients on this ward are generally on there for a relatively short time, the menu choices are made each morning rather than 24 hours in advance like on most

wards. Patients being admitted later in the day are catered for with sandwiches and light snacks prepared by the carers. This seems to serve patients and staff well.

Smoking

Smoking is discouraged, but if patients insist and they are able to do so without staff assistance then they may go outside to smoke, or they can be taken outside by a relative. Staff do not assist.

Privacy and Dignity

Staff are very conscious of modesty issues and the ward is arranged into several bays each with 6 patients of the same sex in. There are also 4 separate cubicles for the more severe patients.

Safety and Security

Staff are trained in health and safety issues. The security of patients is considered and they log patients on and off the ward. Visiting time is encouraged to be between 3pm and 4pm and 6.30pm and 8pm, but staff understand that sometimes the work commitments of family members means that those hours are not convenient and so they are flexible when required to be so.

Staff Training

All staff, in addition to their professional qualifications, receive training in health and safety, fire evacuation, quality of care, etc. The majority of training is on the job - so there is no problem with staffing levels caused by members of staff being away for attending training. At the moment, a new computer system called 'Lorenzo' which gives access to GP and hospital records has just gone live and so staff are still finding their way around this new system.

Training is considered to be important and is on-going.

Cleanliness

Observations suggest that the ward is as clean as you would wish it to be, taking into account it is a very busy unit. There are hand hygiene signs and hand sanitation is available in a prominent position prior to entering the ward and within the ward.

There are three domestic staff working between 7am and 3pm.

Activities and Leisure

Patients can if they wish, go of their own accord, or with a relative down to the coffee bar or café providing that they let staff know where they are going.

Discharge

As on most wards, discharge and the way it will be handled are considered from admission. Often patients will be discharged in a short time, or will be moved on to other wards. If necessary, the hospital discharge team get involved with the patient to ensure that they have sufficient support at home prior to discharge. They also arrange for any community support that may be required.

Administration

As with all other hospital staff, this team are getting their heads around the new Lorenzo computer system. They are not fully utilising the system yet, but anticipate it making life easier and more efficient when they do.

There are daily meetings each morning which not only discuss individual patient requirements, but also give staff the opportunity to bring up any concerns or issues so that the team can resolve things quickly and prevent them becoming a problem.

Management of Medicines

In the main, medicines are administered in the traditional way by staff. All medicines are secure and records kept. In the event of the wrong medication being given and incident report is sent to the hospital governance department.

A member of the hospital pharmacy team will generally visit a patient shortly after admission in order to check on any medication they may be taking.

If a patient is well enough and able to do so, they can have their medication kept in a locked bedside cabinet. However, staff control the access. Prior to discharge staff discuss the medication with the patient, explain what each is for and ensure that they understand the importance of taking the prescribed dose at the correct intervals.

Summary

The visiting team identified three issues which should be brought to the attention of management:

- The night shift in particular often requires the use of agency nurses. Regular staff are concerned about this not affording the best level of care for patients and perhaps the reason why this is occurring regularly needs to be looked at.

- On such a busy unit, it is considered that the Coordinator (Sister/ Ward Manager) should be in addition to the nursing staff and not part of it.

- From our own observations, the visiting team were very unhappy with what passes for a staff room. It is not usual practice for an E&V team to comment upon staff facilities or offices but as the team were asked into this room as the only available space to convene they felt compelled to make note. It is a converted toilet with the sink still in situ. It is a very narrow room, there are no windows and there is a bench along one wall and a few chairs along the other. There is no table. This seemed totally inadequate as a rest room for staff on any ward, let alone one as hectic as this. The visiting team felt very strongly that if we expect our hospital staff to be professional and afford the highest care to patients, then they need a pleasant rest room to eat and relax in.

The team on this ward display a high degree of commitment and professionalism. It is by nature a very hectic place to work, with some very ill people being admitted. Two patients told the team that the staff are wonderful, but that there is not enough of them. The ward was clean and tidy, but very, very busy. The patients spoken to were happy with the level of care being afforded to them and the staff were cheerful and smiling. The team felt that they did not see this ward at its very busiest and were sure that sometimes stress levels amongst the team must be very high.

Observations from the Visit to Ward A6

First Impressions

The same observations as on previous visits are relevant in relation to the parking issues and this really does need to be highlighted as each time you visit you can see people angry, distressed, confused and bewildered by the ticketing arrangements.

Access to Ward

The ward is well signposted, although the team appeared to go up the wrong staircase. A team member who was perhaps more familiar with the hospital layout told us that we could get to it by walking through another ward, which we did. We were quite surprised not to be challenged by any staff member on that ward as we walked through it. Perhaps the Healthwatch polo shirts and name badges gave us credibility.

The ward is a surgical ward for, in the main, colorectal procedures - but with other surgical patients.

It is a similar size to other wards, with 4 bays each with six same sex patients and 4 separate rooms. It is staffed by a Coordinator/Sister plus 4 nurses and 3 carers during the day and 3 nurses and 2 carers at night.

This ward also regularly requires the use of agency staff on nights and has the same concerns as previously highlighted.

Staffing and Leadership

The main ward has 28 beds, which comprises of 4 bays of 6 and 4 separate rooms. There is a Sister, who as well as being the ward coordinator also has nursing responsibilities, 4 nurses and 3 carers on the day shift. 24 hour care is facilitated on a two shift system. From 7.30pm cover reduces to 3 nurses and 2 carers on duty.

Staff only seem to stay for an average of 2 to 3 years. Staff levels, particularly on nights are being made up by the use of agency nurses and this is considered to be a problem as they do not easily fit into the team and often have little or no knowledge of the ward. As the ward is so busy, it was felt that more trained staff were needed.

Food and Refreshments

Diet is assessed on admission to the ward and in keeping with the practice elsewhere in the hospital, patients are able to select from a menu 24 hours in advance. Should the patient who ordered the food be discharged prior to that meal time, then if there is a new patient in that bed they generally will be given the ordered meal. If that is not acceptable a supply of sandwiches or snacks are available.

Smoking

Smoking is discouraged, but if patients insist and they are able to do so without staff assistance then they may go outside to smoke, or they can be taken outside by a relative. Staff do not assist patients to go outside for a smoke.

Privacy and Dignity

Staff are very conscious of modesty issues and the ward is arranged into several bays each with 6 patients of the same sex in. There are also 4 separate cubicles for the more poorly patients.

Safety and Security

Staff are trained in health and safety issues. Security of patients is considered and they log patients on and off the ward.

Visiting time is encouraged to be between 2pm and 7pm, but staff understand that sometimes the work commitments of family members, means those hours are not convenient and so they are flexible when required to be so.

Staff Training

All staff, in addition to their professional qualifications, receive training in health and safety, fire evacuation, quality of care, etc. The majority of training is on the job so there is no problem with staffing levels caused by staff absences due to training. At the moment, a new computer system called 'Lorenzo' which gives access to GP and hospital records has just gone live and so staff are still finding their way around this new system.

Training is considered to be important and is on-going.

Cleanliness

Observations suggest that the ward is as clean as you would expect and was satisfactory. There are hand hygiene signs and hand sanitation is available in a prominent position prior to entering the ward and within the ward. There are three domestic staff working between 7am and 3pm.

Activities and Leisure

Patients can if they wish go, of their own accord, or with a relative down to the coffee bar or café providing they let staff know where they are going. They may also attend the hairdressers on site. There are regular visits by various clergy to the ward and at any time a patient can request a visit.

Discharge

As on most wards, discharge and the way it will be handled are considered from admission. If necessary the hospital discharge team get involved with the patient to ensure they have sufficient support at home prior to discharge. They also arrange for any community support that may be required.

Administration

As with all other hospital staff, this team are getting their heads around the new Lorenzo computer system. They are not fully utilising the system yet, but anticipate it making life easier and more efficient when they do. There are daily meetings each morning which not only discuss individual patient requirements, but also give staff the opportunity to bring up any concerns or issues so that the team can resolve things quickly and prevent them becoming a problem.

Management of Medicines

In the main, medicines are administered in the traditional way by staff. All medicines are secure and records kept. In the event of the wrong medication being given an incident report is sent to the hospital governance department.

If a patient is well enough and able to do so, they can have their medication kept in a locked bedside cabinet. However, staff control the access. Dangerous drugs are kept in a locked cabinet.

Prior to discharge, staff discuss the medication with the patient, explain what each is for and ensure that they understand the importance of taking the prescribed dose at the correct intervals.

Summary

The visiting team felt there were two issues which should be brought to the attention of the management team:

- The night shift in particular often requires the use of agency nurses. Regular staff are concerned about this not affording the best level of care for patients and perhaps the reason why this is occurring regularly needs to be looked at.
- On such a busy unit, it is considered that the Coordinator (Sister/ Ward Manager) should be in addition to the nursing staff and not part of it.

Both of these issues were identified on our visit to Ward A1 and could well be an issue on many wards.

The use of agency nurses seems to be an issue not just at WHHT but throughout the health service. Clearly there is a shortage of trained nurses employed by this and other Trusts, but there is no shortage of agency nurses who can step in at short notice to fill gaps, but at a higher rate of pay than the regular staff and at a considerably greater cost to the Trust.

The team on this ward display a high degree of commitment and professionalism. The team spoke to several patients who said that the staff are wonderful, but that there is not enough of them. One patient told the team that he had presented the evening before at Halton Hospital where after a couple of hours, they told him they could not deal with him and he would have to go to Warrington. He was not impressed with the way that staff at Halton had dealt with him, but he had been pleasantly surprised by the way he was treated at Warrington and he described it as very efficient.

The patients spoken to were happy with the level of care being afforded to them and the staff were cheerful and smiling and the impression is one of friendliness and caring.

Recommendations

- Healthwatch Warrington/Halton realise that car parking is a major issue at many hospitals. However, there are steps that could be taken to mitigate some of the issues encountered by patients:
  - Signage to car parks should be clearer, especially where a car park other than the main one would be more appropriate. This should also be included in information sent out to carers and patients.
  - The system for paying is not clear – **obvious** signs in the car park should indicate that payment is made **inside** the hospital. These signs should also indicate that the cars' registration details will need to be typed in when buying a ticket.
  - Consideration should be given to a system of a lower rate for short visits.
- A review is taken of information leaflets provided to patients. A copy of a discharge leaflet had very small print. This could be increased without the leaflet needing to have more pages.
- On Ward A7 there was a lack of availability of nebulisers for home use upon discharge. Whilst these cost £40 each, an increased supply could well assist in earlier discharge for some patients.
- With regard to Accident and Emergency, the following recommendations are made:
  - To improve the management of notices and information in the waiting area, so that only information that is very important is posted on the walls.
  - A brief information leaflet is given to all patients upon entering, which explains what will happen to them, what the policies and procedures are that they need to know and what they can expect and are entitled to during their time in A&E. This will be particularly useful for carers whom are there to assist patients and if developed would effectively support their journey through this stressful time. This could also include other sources of help which may be available such as PALS, Healthwatch and the Council's Access to Social Care team.

- The corridor utilised as an occasional "care" space is decorated in such a way that it gives it calming sense of difference, so when screened off, patients feel as if they are not in a corridor but in a space geared up for care and assessment. This is possible, demonstrated by the designated area for children, which has a different decoration scheme and "feel".
- The systems and activities surrounding the Clinical Decisions Unit are given further thought to ensure that the experience is made more pleasant, if it is to be a space where people occupy beds for more than a few hours or overnight.
- The lounge in this area is made more attractive or an alternative larger space found which would enable the provision of a television, reading material and activities to occupy people during the stressful period of waiting and anticipation.
- Explore the opportunities of having dedicated / trained volunteers on hand in the waiting area to assist and make the space feel more calming and caring.

- The signage for A1 (Acute Medical Unit) needs to be reviewed and made clear and consistent.
- Whilst the use of agency nurses is necessary on occasions, it appears that some wards rely on them particularly at night. There needs to be a review on staff turnover and an understanding gained of why so many staff move on relatively quickly.
- The staff room on ward A1 was most unsatisfactory. All staff deserve to have their breaks in a suitable environment. A partially converted toilet is not a suitable environment. The room needs to be refurbished as a matter of urgency.

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Distribution List

This report has been distributed to the following:

- *Warrington and Halton NHS Foundation Trust*
- *Warrington CCG*
- *Care Quality Commission*
- *Healthwatch England.*

Appendices

Appendix A

Timetable

Ward	Date	Panel Members
B12	20/11/15	Catherine Bamber, Lyndsay Bushell, Irene Bramwell
B14	20/11/15	Mike Hodgkinson, Pat Taylor, Chris Upham
A7	4/12/15	Pat Taylor, Chris Upham
Accident and Emergency	14/12/15	Debbie Dalby, Clare Screeton, Ruth Walkden
A1	16/12/15	Pat Taylor, Angela Fell, Chris Upham
A6	16/12/15	Angela Fell, Chris Upham, Ruth Walkden

Appendix B

Response of Warrington and Halton Hospitals NHS Foundation Trust to Healthwatch Enter & View Report

Firstly, we would like to thank members of Healthwatch Warrington and Healthwatch Halton who visited our wards in these recent enter and view visits. We appreciate the efforts of our local Healthwatch members and respect the valuable insights offered about our services. These visits provide us with objective feedback and we are very keen to utilise feedback from a range of sources and methodologies as these provide opportunities for learning and improvement. We also applaud the more collaborative approach of the two Healthwatch groups and appreciate the opportunities for us all to work together, with our local community more involved in the development of services. The new enter and view format is thorough, looking at various aspects of operations including staffing, professionalism, systems, training and medicine safety, providing a report with plenty of food for thought

The report was circulated to all senior nursing staff and managers for information and to share with their wards and departments. On behalf of the teams visited, and indeed all of our staff, we would like to thank the Healthwatch inspection teams for their very positive comments. It is really rewarding for our staff to know that their hard work is recognised by external bodies and they are rightly proud of the work they do.

The visit to the A&E department was unfortunately on a day when we were at full capacity but very pleased that our systems were found to be well coordinated on such a busy and demanding day. It is also pleasing that that staff were observed as being respectful of our patients' privacy and dignity and demonstrating a caring and professional manner. A&E can be a very challenging area to work in and it is to the teams' credit that they show continue to be graceful under pressure.

During the visits, Healthwatch members have had raised issues about the physical environment and cleanliness/maintenance. A lot of this feedback has been positive, but obviously there are limitations and the inevitable wear and tear of an ageing and well-used estate. All the issues mentioned regarding parking, signage and the environment have been reviewed by George Cresswell, Associate Director

for Estates & Facilities. He has provided a separate response and this has been shared with Healthwatch, as well as an earlier response to issues raised at a Healthwatch event (12 November 2015) regarding car parking facilities at the Trust, including recommendations and options being considered in our ongoing quest to provide appropriate and equitable parking to visitors. As we mentioned in our response, we very much welcome the opportunity to work with Healthwatch as we attempt to improve our parking issues, particularly on signage and communication.

Ward managers and matrons have been asked to share the report with all members of their teams and to address those issues that are within their control, for example:

- We have already reviewed all signs and posters in A&E in order to try to minimise the number of extraneous and poor quality notices displayed as well as ensuring timeliness. For people attending A&E and often waiting in these areas these signs and notices are the focus of attention, but for staff they become invisible and we need to be mindful of ensuring the quality sand profusion of this type of material. In addition, the Patient Experience Team are planning to audit posters for complaints/PALS across the sites to ensure patients are able to easily find information on how to raise concerns. This will be combined with an audit of all posters/notices in this area.
- Feedback about agency nurse usage and ward managers being supernumerary are well made and are very much on our radar. Use of agency staff is carefully monitored and reviewed regularly. Recruitment drives are ongoing, as are efforts to retain staff with a range of health & wellbeing initiatives and other developments. We do recognise that staff are our most valuable asset and it is in our interests to ensure that they are happy and motivated. Current reorganisation of services will result in smaller “clinical business units” within two divisions and ways of working and senior roles are under review to provide stronger leadership, local autonomy and service improvements. Within this is a strong drive, led by the Director of Nursing and Governance to ensure that our senior nurses have the ability to focus on supporting and developing the nursing workforce to provide safe, compassionate and effective care. We are currently updating our nursing strategy, a strategic blueprint for the development of nurses and nursing in the Trust, based on '6 Cs' identified by the Chief Nursing Officer for England of Care, Compassion, Competence, Communication, Courage and Commitment.
- We completely agree with the comments made about the use of the clinical decisions unit and our own reviews have prompted an evaluation of the way CDU is used and the criteria of patients housed in this area.

Once again we would like to thank Healthwatch Halton and Healthwatch Warrington for continued support and being that vital ‘voice of the patient’ as we work to provide high quality, safe healthcare.

Appendix C

Healthwatch Warrington Public Engagement WHHFT Car Parking

On Thursday 12th November 2015, Healthwatch Warrington held a Coffee & Consult morning to listen and chat to the community about local health and care issues over a coffee/tea.

The event was an opportunity for people affected by (or with experiences of) hospital parking to come and talk to us and others about their thoughts, views, and ideas on how services can be improved.

Feedback was varied. Key issues highlighted the need for increased parking capacity, concessionary fees and equality and diversity considerations. Issues discussed are as below;

Parking Capacity

- Car parking available is not sufficient for the (Warrington) hospital's needs – capacity needs to be increased
- Excess parking beyond marked spaces causes difficulty when manoeuvring to move around, or exit, the car park ▫
- A multi storey car park at Warrington could enhance capacity without compromising the limitations of the site's size – it was suggested that a large number of spaces on the ground floor could be for those with blue badges

Parking Payment/Meters

- Some patients/visitors do not understand the parking meter, or how to use it – clearer notices may help
- Not all the parking meters accept cards – this would be useful

Parking Fees

- 30 minutes parking is free, but this is not sufficient time to get in/out of the car park and drop off on site - free parking up to one hour would be more beneficial
- Parking charges need to be fair – costs at present are seen as prohibitive ▫

- Parking costs can be difficult to plan for as appointments do not always run to time and can be longer than anticipated
- Alternative fee ideas have been put forward by the public, e.g. a): £1 for up to 1 hour, £2 for up to 3 hours, £3 for over 3 hours b): Free up to 1 hour, £1 for up to 2 hours, £2 for up to 3 hours, £3 for up to 4 hours, £4 for under 5 hours £5 for 5 hours and over
- There should be a consistency of parking charges and approach across all WHHFT sites, to best support visitors and patients and help manage expectations and experiences
- It's not always clear what the allotted timeframe is to exit the car park after paying. This could be more clearly signed/indicated
- Parking fees should be returned to the Hospital, rather than be totally or partially absorbed by parking companies – many feeding back would like to see the funds being fully returned as an investment within the Hospital

Concessions

- Carers, especially for those caring for family members with long term conditions or degenerative conditions, should be provided with free parking as they are often helping patients with feeding, cleaning and other daily tasks alongside hospital staff
- When patients have ongoing care or appointments they should be able to get free or reduced cost parking. This should be promoted before admission to hospital and during care to ensure it is taken up
- Patients with ongoing conditions should be given access to annual parking licenses, to help cover ongoing parking costs

Signage

- Signage for payments and charging could be clearer across the car parks

Equality and Diversity

- Capacity of disabled bays is limited at Warrington Hospital – more spaces would be beneficial
- Disabled spaces need to be sited adjacent to main access points

- Patients with blue badges would benefit from longer free parking times (2 hours instead of 30 mins) due to needs of access in buildings, mobility, equipment, access/egress of vehicles, etc.
- Blue badge holders could benefit from free parking via validation at reception/cash office points within the Hospital, where vehicle registrations are temporarily added to the parking system
- Though wheelchairs are available for use via porters, they can be difficult to access/see. A covered bay for wheelchairs near the main entrance/exits could be especially useful for those visitors with limited mobility.

Alternative Parking Suggestions

- Offering one-stop shop clinics for bloods and tests may help to alleviate access and parking needs in the outpatients department
- Patrol staff could help to ensure parking is correct and suitable, and might help to enforce parking within bays and in suitable areas
- A parking barrier system may not help – barriers may create more blockages and congestion especially at peak times

Good Practice

- Golden Square's parking system is seen by some as an example of parking charges/validation that works well
- Southampton Hospital has an effective system for car parking including a barrier system, and a ward ratified purchase of a week or month pass for parking
- Countess of Chester Hospital offers concessionary fees for those with ongoing treatment, blue badges, or in receipt of benefits
- Wheelchair systems akin to coin-operated trolley systems are in use at Golden Jubilee Hospital in Clydebank and University Hospital, Coventry and could help manage a wheelchair bay in front of the hospitals (and deter theft)

General Feedback

"I believe the hospital, which offers in the main good service, is shooting itself in the foot by not sorting the [parking] problem, which is easily resolvable."

"The current [parking] situation is very stressful for elderly people visiting relatives in hospital, or stressing about being on time for an appointment. Goodness knows what the situation is like at visiting times!"

Appendix D- Feedback form used in Forget me Not Unit

Which 5 words would you use to describe each of these areas?

forget me not