



**Healthwatch South
Gloucestershire
Enter and view report
Elgar Enablement Unit
Southmead Hospital
8 October 2018**

Authorised representatives:

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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Elgar Enablement Unit Southmead Hospital
Service Provider	North Bristol NHS Trust
Date and Time	8 October 2018 10.00am - 12.00pm
Authorised Representatives	Sarah Moore Andrew Riches Dianne Kenny
Contact details	Gill Brook Patient Experience Manager Rebecca Fowler Elgar Enablement Unit, Practice Development Nurse

1.2 Acknowledgements

Healthwatch South Gloucestershire authorised enter and view representatives wish to express their gratitude to the staff of the Elgar Enablement unit who generously participated in conversations with Healthwatch.

Healthwatch South Gloucestershire would also like to thank Rebecca Fowler, Practice Development Nurse, and all of the staff who were willing and able to engage and answer our queries. When Healthwatch volunteers arrived staff appeared not to be expecting them, they did not know about Healthwatch and the Healthwatch volunteers had to explain why they were there. It later emerged that there had been an email to say that Healthwatch were expected at the Elgar Enablement Unit, but no one had put this in the diary. After the initial hiccup staff were welcoming and helpful.



1.3 Purpose of the visit

Healthwatch South Gloucestershire was asked to undertake an enter and view visit to Elgar Enablement Unit by South Gloucestershire's Health Scrutiny Committee.

During 2017 - 2018, Healthwatch South Gloucestershire has been carrying out a programme of work to understand residents' experiences of discharge from acute/ community hospitals back into the community, with a particular focus on the rehabilitation, recovery and reablement (3Rs) pathways.

The services provided out of Southmead Hospital's Elgar ward have changed during the last six months. Previously part of this ward was staffed by Sirona care & health to provide reablement services for South Gloucestershire residents. This service has now been relocated to Skylarks Rehabilitation Unit in Yate, and the care provided at Elgar ward has been taken up by North Bristol NHS Trust again.

The Committee were interested to understand how the care provided through Elgar Enablement Unit fits into the wider 3Rs approach in South Gloucestershire (if at all), and to understand people's experiences of being treated there.

1.4 How this links with Healthwatch South Gloucestershire strategy

A key priority laid out in the Healthwatch South Gloucestershire work plan for 2018-19 is to engage with people experiencing 3Rs pathways. Enter and view provides an ideal tool to hear the views of this group of people.

Full details of the work plan for Healthwatch South Gloucestershire are available on the website: www.healthwatchsouthglos.co.uk

2 Methodology

2.1 Planning

Prior to this visit, Healthwatch enter and view volunteers undertook learning and development visits to Elgar House at Southmead Hospital (when the service was delivered by Sirona care & health), Henderson ward at Thornbury Hospital and to two care homes, all of which were providing care to people through the 3Rs pathways. The aim of these visits was to gain understanding of the processes involved in these pathways and how and where different levels of care and support were provided.



Following these visits, the enter and view volunteers developed a questionnaire that would be used during their formal enter and view visits. This learning helped in producing observation templates and prompt questions agreed at the Healthwatch South Gloucestershire monthly planning meetings run by authorised enter and view volunteers.

2.2 How was practice observed?

On 8 October 2018, three authorised enter and view representatives visited Elgar Enablement Unit. Information was gathered from the representatives' observations of care and their notes of conversations with members of staff. Observations of Elgar Enablement Unit were gathered by the three authorised representatives. Conversations with patients did not take place during this visit as there were no patients well enough to be interviewed. Observations and conversations were recorded during the enter and view visit.

2.3 About the service

Elgar Enablement Unit is part of Southmead Hospital and provides 76 enablement beds, 40% of which (30) beds, are for those people registered with a South Gloucestershire GP. North Bristol NHS Trust note that Elgar Wards will take patients who require their service irrespective of their area of residence. Patients transfer from acute wards within Southmead Hospital, and are medically fit for discharge upon arrival to Elgar Enablement Unit.

Staff reported that discharge planning begins on the first day that patients arrive on the Enablement Unit, but if during their stay, they require palliative care they will stay on the unit rather than be transferred back to an acute ward. Transfers will only be made if the patient is severely ill. If a patient is improving their pathway may change.

At the time of the visit, 38 of the 76 Enablement Unit's patients were going through a reablement process. Patients are encouraged to be up and dressed, although all patients observed at the time of the visit were still in night clothes. North Bristol NHS Trust explained that it would be usual to take up to lunch time to support patients to be dressed. The time taken relates to the amount of support the patient needs to enable them to get washed and dressed. A new carers' room has been created. Healthwatch was informed that there is a big focus on supporting carers', and the new room provides a space for family meetings and is a place for privacy when discussing issues.

3 Findings

Executive summary

- Very clean, bright and cheerful
- Enthusiastic and dedicated staff
- Delays in patient discharge are already occurring

3.1 First impressions

The Healthwatch enter and view volunteers were welcomed by staff after the initial problems on arrival. It was disappointing that, although an average of 40% patients on the ward are South Gloucestershire residents, staff could only identify four that they thought would be able to talk with Healthwatch. This may be due to the fact that North Bristol NHS Trust have told Healthwatch that Elgar Wards will take those patients who require their service; irrespective of their area of residence.

3.2 Discharge home

Healthwatch was informed that the aim of the Unit is to get patients discharged back to their own homes. There is a member of staff appointed 'Discharge Tracker', who liaises with each patient and their family to plan discharge.

3.3 Patient experience

Unfortunately Healthwatch volunteers were unable to speak to any patients during this visit. Upon arrival it had been suggested that four patients could be approached but unfortunately of the four, two patients were out of the ward having medical procedures, one gentleman was approached by staff and it appeared he would like to have his say but volunteers were told by staff that he was unwell with an infection, and the last gentlemen when approached declined the opportunity to meet Healthwatch volunteers.

4 Conclusion



As previously stated, Healthwatch enter and view volunteers were made very welcome, despite the staff team being unaware of our visit. It is frustrating that this happened as we liaised with the Trust prior to our visit to confirm arrangements. We will bear this in mind for the future and try to ensure that we have a named staff member at each setting to meet Healthwatch volunteers and facilitate the visit.

5 Recommendations

- When planning an Enter and View visit, Healthwatch will seek assurance that there will be a named individual to meet the team and facilitate the visit.
- It was unclear from this visit as to how Elgar Enablement Unit fits into the 3Rs pathways for South Gloucestershire residents, if at all. It would be useful to have clarity around this.

Provider's response to recommendations	
Recommendation	Comments from North Bristol Trust
<ul style="list-style-type: none"> To ensure that at future Healthwatch Enter and View visits there is a named person on the ward or the department to welcome volunteers. 	<p>Following the initial contact by Healthwatch (HW) with the Head of Patient Experience, she will ensure that the matron and ward/ department manager from the relevant ward/ department become the key points of contact with HW for arrangements for an Enter & View visit.</p> <p>The Matron will ensure that the ward is fully prepared and ready for the visit with named staff to meet and greet Healthwatch. The Matron will ensure there is an identified person on the ward / department to greet and brief the Enter and View volunteers and support their visit.</p>
<ul style="list-style-type: none"> Could North Bristol NHS Trust provide clarity as to how Elgar Enablement Unit fits into the wider programme of 3Rs services for South Gloucestershire residents 	<p>Elgar is a transitional care unit for North Bristol NHS Trust for patients who are medically fit, but awaiting discharge. The unit has an enablement philosophy to ensure patients continue their recovery and work towards, their previous level of functioning whilst waiting their onwards support / care</p>



	<p>plans. The multi-disciplinary team members on Elgar are experts at complex discharge planning.</p> <p>This is in line with the 3 Rs project but Elgar <u>does not</u> provide dedicated rehabilitation as this is provided by community providers such as Sirona.</p>
<p>Any other comments:</p> <p>The unit takes patients from the Brunel wards depending on their need irrespective of their local authority.</p>	

Disclaimer: This report relates only to a specific visit (at a point in time) and is not representative of all service users and staff only those who visited on the day.

6 Appendices

6.1 What is enter and view?

Local Healthwatch are corporate bodies and within the contractual arrangements made with their local authority must carry out particular activities. A lot of the legislative requirements are based on these activities which include¹:

- promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
- enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved;

¹ Section 221(2) of The Local Government and Public Involvement in Health Act 2007

- obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known to providers;
- making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England;
- providing advice and information about access to local care services so choices can be made about local care services;
- formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England;
- making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues;
- providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Each Local Healthwatch has an additional power to enter and view providers² so matters relating to health and social care services can be observed. These powers do not extend to enter and view of services relating to local authorities' social services functions for people under the age of 18.

In order to enable a local Healthwatch to gather the information it needs about services, there are times when it is appropriate for Healthwatch staff and volunteers to see and hear for themselves how those services are provided.

That is why there are duties on certain commissioners and providers of health and social care services (with some exceptions) to allow authorised Healthwatch representatives to enter premises that service providers own or control to observe the nature and quality of those services. Healthwatch enter and view visits are not part of a formal inspection process neither are they any form of audit. Rather, they

² The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

³ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013.” (28 March 2013).



are a way for local Healthwatch to gain a better understanding of local health and social care services by seeing them in operation.

Organisations must allow an authorised representative to enter and view and observe activities on premises controlled by the provider as long as this does not affect the provision of care or the privacy and dignity of people using services.^{4 5} Providers do not have to allow entry to parts of a care home which are not communal areas or allow entry to premises if their work on the premises relates to children's social services.

Each local Healthwatch will publish a list of individuals who are authorised representatives; and provided each authorised representative with written evidence of their authorisation.

Healthwatch enter and view representatives are not required to have any prior in-depth knowledge about a service before they enter and view it. Their role is to observe the service, talk to service users, visitors and staff (if appropriate), and make comments and recommendations based on their subjective observations and impressions in the form of a report. The enter and view report aims to outline what volunteers saw and make suitable suggestions for improvement to the service concerned. The report may also make recommendations for commissioners, regulators or for Healthwatch to explore particular issues in more detail.

Unless stated otherwise, the visits are not designed to pursue the rectification of issues previously identified by other regulatory agencies. Any serious issues that are identified during a Healthwatch enter and view visit are referred to the service provider and appropriate regulatory agencies for their rectification.

The enter and view visits are triggered exclusively by feedback from the public unless stated otherwise.

In the context of the duty to allow entry, the organisations or persons concerned are:

- NHS Trusts, NHS Foundation Trusts
- Primary Care providers
- Local Authorities
- a person providing primary medical services (e.g. GPs)
- a person providing primary dental services (i.e. dentists)
- a person providing primary ophthalmic services (i.e. opticians)

⁴ The Local Authorities (Public Health Functions and entry to Premises by Local Healthwatch Representatives) Regulations 2013. (18 February 2013).

⁵ The arrangements to be made by Relevant Bodies in Respect of Local Healthwatch Regulations 2013." (28 March 2013).



- a person providing pharmaceutical services (e.g. community pharmacists)
- a person who owns or controls premises where ophthalmic and pharmaceutical services are provided
- Bodies or institutions which are contracted by Local Authorities or Clinical Commissioning Groups to provide care services.

6.2 Enter and View Aim and Objectives

The aim and objectives of enter and view visits:

Aim

To find out about patients' experiences of being on the Enablement ward.

Objectives

- To visit for a minimum of two hours for each visit.
- To have a minimum of two pairs of authorised representatives visiting, to ensure that as many patients who wish to speak to Healthwatch South Gloucestershire have the opportunity to do so.
- To observe the overall enablement service provided for patients, including any structured activities using a template as an 'aide-memoire'.
- To engage patients in conversation about their daily lives on the ward using the template and prompt questions.
- If possible to engage patients' families and friends in conversation to elicit their views about the service their relative receives.
- To produce a report of the findings from the observations and conversations.
- To make comments on the findings and make recommendations for change if appropriate.
- To share the final report with North Bristol Trust, as the provider, the Ward manager, staff and patients ; and appropriate organisations and agencies such as South Gloucestershire Local Authority, the Care Quality Commission and Healthwatch England.

6.3 Enter and View Methodology

- A.1 The Healthwatch South Gloucestershire (HWSG) enter and view (E and V) planning group, comprising all HWSG E and V authorised representative



volunteers, have discussed, agreed, and tested an approach to collect relevant information. The process was developed to enable a structured approach to gathering information but without being so prescriptive that it inhibits the E and V authorised representatives from responding to what they see and hear and thus pursue further information if necessary. The following was agreed:

- which observations should be made
- how to record the observations
- how to initiate and maintain conversations with patients /their relatives
- what questions were important to ask patients /their relatives
- how to record the conversations with patients /their relatives
- what questions were important to ask members of staff
- how to record the conversations with members of staff
- how to collate all the data gathered and write a final report
- ensuring a 'debrief' session and an opportunity for learning and reflection for the E and V authorised representatives.

A.2 An aide-memoire observation record sheet has been drawn up and piloted and refined, as has a list of prompt questions. The headings for the observations and questions cover the following categories (in no particular order, nor are they exclusive or exhaustive):

- first impressions of the care home;
- patients' environment;
- staffing issues;
- activities for patients;
- person centred care;
- conversations with patients;
- conversations with patients' relatives;
- conversations with members of staff;
- nutrition and hydration;
- patient' choice;
- any other comments or observations.

A.3 Some of the prompt questions, which were found to be helpful if there was a hiatus in the flow of a conversation with a patient, included open questions such as:

- Tell us a little bit about what has been happening with you over the past few weeks?
- Have you or your family / carers / friends been involved as much as you wanted to be in the decisions about your care and support?
- Do you feel that people caring for you listen to you and understand you as an individual?
- Do the people caring for you always tell you what is going to happen next?



- How do you feel about the care you have received here at Thornbury hospital?
- What would you change if you could?
- What choice were you given about what will happen to you next? Is this what you want? If you had a choice, why have you chosen this?
- If you had to give your current care a mark out of 10, how would you score it?
- Is there anything else you would like to tell Healthwatch about your experience here?
- May we arrange to follow up with you when you get home to see how you are getting on?

A.4 The hospital / ward is informed in advance by telephone and email of the E and V visits, and dates and times are agreed.

A.5 Each visit takes the form of a series of informal conversations with patients and/or their relatives. Enter and view authorised representatives also spend time observing the service provided and the environment, and considering what impact these would have on patients. The views of some of the members of staff, including nurses and ancillary staff, are also sought.

A.6 All the authorised E and V volunteers have received the initial Healthwatch England approved E and V training and some subsequent training sessions in areas such Equality and Diversity, Safeguarding Adults, Dementia Awareness, Deprivation of Liberty Safeguards and Dual Sensory Loss. Working in pairs, they are able to structure their questioning to ensure depth, and to converse within the specific abilities and needs of those to whom they were speaking. Each pair of E and V volunteers introduce themselves to patients and explain the purpose of their visit. Some patients are also given leaflets about HWSG which includes information about 'how to tell your story' in case any of them, or their relatives, wish to send HWSG further information, or send it anonymously.

A.7 The data collected are the E and V representative volunteers' subjective observations and notes from conversations with patients, where possible, their families/carers, and members of staff. Observations are gathered by all the E and V representatives, are recorded contemporaneously and then collated afterwards and used to inform the report. The conversations are semi-structured, using the template and prompt questions. The notes taken during these conversations were collated and also used to inform the report. A quick debrief session for the E and V volunteers is held on site after each E and V visit and any learning, issues, or concerns taken forward to inform the next visit, and a final 'wash-up' session is held separately.



