

**Warrington & Halton Hospitals NHS
Foundation Trust**



Ward Visits to Warrington Hospital

11 June 2019

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Disclaimer - Our report relates to these specific visits to the service, at a point in time, and is not representative of all service users, only those who contributed but does give an insight into how patients find the wards, what works well and what could be improved on.

About Healthwatch

Healthwatch is the independent national champion for people who use health and social care services. We're here to find out what matters to people and help make sure their views shape the support they need.

There is a local Healthwatch in every area of England. We find out what people like about services, and what could be improved, and we share these views with those with the power to make change happen. Healthwatch also help people find the information they need about services in their area.

As well as seeking the public's views ourselves, we also encourage health and social care services to involve people in decisions that affect them. One of our main purposes is to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.



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Introduction

Healthwatch Halton and Healthwatch Warrington both cover Warrington & Halton Hospitals NHS FT.

Both Healthwatch also have representatives on the Trust's Patient Experience Committee.

We carry out regular monthly outreach sessions at both Halton and Warrington Hospitals to gather the views of local patients and visitors.

To gain further insight on the experiences of patients at the hospital, we approached the Trust with a request to visit and view the day to day running of wards and to gather the views of patients and visitors.

On 11 June 2019, staff members from Healthwatch Halton and Healthwatch Warrington visited Warrington Hospital to view a number of wards.

During our visit we spoke with 19 patients and visitors.

We would like to extend our thanks to staff and patients at Warrington Hospital for their help during our visit.

As part of our visits we used a survey questionnaire to capture people's feedback - See *Appendix A*

Warrington & Halton Hospitals NHS Foundation Trust

Note: The information below has been taken from Warrington and Halton Hospital Foundation Trust website.

Warrington Hospital focuses on emergency and specialist care and has the back up services required to treat patients with a range of complex medical and surgical conditions. The hospital provides a full range of expert inpatient and outpatient services.

Warrington Hospital is based in five main blocks which are:

- Appleton Wing - home to A&E, outpatients, operating theatres and main admission and surgical ward areas. The wards here are known as the A-wards (eg, A1, A2, A3 etc)
- Burtonwood Wing - home to intensive care, children's wards and children's outpatient department, elderly care and stroke ward areas. The wards here are known as the B wards (eg B11, B12 etc)
- Croft Wing - home to maternity, neonatal and gynaecology. The wards here are the C wards (eg C20, C21 etc)
- Daresbury Wing - home to the MRI Unit and the Daresbury ward area
- Kendrick Wing - is home to ophthalmology, breast screening and the cardio-respiratory unit.



Ward C20

Team Members:

Irene Bramwell (Healthwatch Halton), Clare Screeeton (Healthwatch Warrington)

Ward C20 provides gynecology care and treatment

First Impressions

We noted that the corridor leading to the ward C20 was uncluttered clean and bright. There were information boards which displayed patient experience feedback, a board displaying photographs and roles of staff and an information stand providing patients and visitors with other sources of support.

On entering C20 we were greeted by Ward Manager, Joanne MacGlashan, who introduced herself and invited us into the office of Joanne Maskall, the housekeeper who provided the team with an overview of specialised care and treatment provided by ward staff, this included ectopic pregnancies and threatening or actual miscarriages.

We were told that the ward consisted of a twelve bedded unit which included an assessment unit located at the bottom of the ward, near to the ward entrance. Staff consisted of three registered nurses and two healthcare assistants.

Ward Environment

We noted that hand gel dispensers were signposted and available throughout the ward. We noted that bays were clean bright and uncluttered, bathrooms and showers for patients to use were well signposted and maintained to a high standard. We observed that staff appeared to be very busy and that patients were treated with dignity and care as staff drew the curtains around the patients when appropriate. During our visit we also noted that all patients had access to drinks within reach.

We spoke with one patient who told us, *'The staff are very attentive..., they have been checking on me regularly I think there are enough staff to go around. I have been given information about my treatment and have been treated with dignity and respect. The only problem I had is I went out of the ward and got a bit lost, but I found my way back again.'*

On leaving the ward we thanked the staff for showing us around the ward and explaining the nature of the care and treatment provided.

We felt the staff on the ward were very welcoming and helpful throughout our visit.

Ward C22

Team Members:

Irene Bramwell (Healthwatch Halton), Clare Sreeton (Healthwatch Warrington)

At the time of our visit, Ward C22 was a WREN unit. This unit has patients who are deemed medically fit for discharge from the acute hospital and are waiting to re-enabled, which may be to an intermediate care unit, home with package of care etc. If they become acutely unwell in this transition period they are re-admitted to an acute bed.

First Impressions

We noted in the ward entrance that supplies were lined up against the wall ready to be stored away. During the visit one member observed chairs were stacked against the fire exit.

Ward Environment

Ward C22 appeared extremely busy as staff were occupied caring for patients. We were greeted by a nurse, who showed us around the ward and gave information on staffing levels on the ward. The ward had three registered nurses on duty, three healthcare assistants, one student nurse and one carer.

We spoke with patients on the ward and asked for their experiences of the care and treatment they received. Those patients we spoke with were very positive about the care and treatment they received. Comments also reflected how busy the staff were on the ward.

- *'Staff are very good but very busy,*
- *'I have no complaints I am very happy with all the care and treatment I have received'*
- *'I have been looked after by the staff but they are so busy'*
- *'I have been treated very well staff have been very pleasant towards me'.*

When asked if there was anything they would like to see improved,

- *'More nurses and carers needed. There seems to be a shortage of staff they are all so busy'*
- *'more staff less waiting'*

One patient who been on Ward C22 previously, over the Christmas period, told us, *'I think it is very good, it has certainly improved since I was in here last Christmas as it was absolutely mad busy, it is calmer now.'* The Trust has informed us that Ward C22 has had a number of different

specialities in the last 12 months, so when a patient refers back to an experience at Christmas time it was likely that it was not the ward specialty that they were on in June.

Patients were generally positive in their comments when asked if staff had enough time to spend with patients.

- *'Yes, but they are very busy'*
- *'They are busy, but excellent'*
- *'they spend as much time as they possibly can, but they are very busy in here'*

A few patients commented that staff were too busy to attend to patients,

- *'Not really, I have a carer who spends more time with me to be honest because these nurses simply do not have the time'*
- *'I think they could do with more staff as if you need to go to the toilet you have to wait, I do not think they come quickly enough'*

Patients told us they had been given enough information on their treatment by the hospital

- *'Yes, I have been given enough information I feel'*
- *'Yes, I have been given enough information about my treatment and also my medication, the staff are all good at explaining it all to me'*
- *'Yes, it is in my care plan, Yes, all medication was discussed'*

We also asked patients how accessible they thought the hospital was in terms of getting around. Responses reflected the mobility issues and needs of some patients,

- *'I have not been able to go very far'*
- *'It is quite accessible, but I am not as good on my feet as I used to be'*
- *'No not really for me as I have to use my Zimmer Frame to get around I have not been able to go very far as I am unable to'*

During general conversations, a small number of patients told us that their relatives had lots of issues with parking and that it was very difficult to get a space and therefore they felt on occasion that their visiting time was shorter as their relative had spent so long trying to get a parking space.

All the patients we spoke with told us they had been treated with dignity and respect by staff,

- *'Yes, and all the staff have been very kind and caring'*
- *'All the staff are good, they have been brilliant, there is just not enough of them'*
- *'Yes, staff are so caring'*

We also asked patients if they had been moved from another ward. One patient who had been moved from another ward told us *'whilst it was inconvenient and a bit disorientating it wasn't something I felt the need to complain about'*.

Throughout our visit to the ward, patients praised the professional and caring manner of the nurses and doctors and told us they felt safe and well cared for.

Ward A8

Team Members:

Irene Bramwell (Healthwatch Halton), Clare Screeton (Healthwatch Warrington)

First Impressions

On entering the ward there were no visible signs to a reception or a nurses station. We entered the ward and spoke with a staff member who directed us to the Ward Managers Office, where we were greeted by Katie Nixon, who introduced herself and introduced the team to a consultant and Matron who were meeting in the Ward Managers Office. Following introductions, we were given a guided tour of the ward.

Ward Environment

The ward has 34 acute beds where staff care for patients with acute complex care needs so staff on the ward were extremely busy caring for patients. Staffing levels consisted of 4 registered nurses and 5 healthcare assistants and a Sister who is always on duty,

With the complex needs of patients, a discharge facilitator was based on the ward from Monday to Friday 9am - 5pm, to ensure a timely and safe discharge of patients. We were told this worked extremely well as the ward had a very high discharge rate.

During the tour of the ward we were told that a number of patients had dementia which was indicated through a *'Forget Me Not'* placed above the beds to alert staff discreetly to the patients with dementia in need of extra care and support. We noted that all of the patients we saw appeared well cared for.

We noted the ward and bays were uncluttered, in comparison to other wards. We were told that a new storage area had been installed for all the equipment that was not in use. We agreed that this was an excellent idea and how other wards may benefit from this simple idea. We were told that the staffroom had also been converted into a prep area which had been a huge improvement for the team as a whole.

Throughout the ward there was appropriate dementia friendly signage in place regarding the significance of handwashing. There was also a sign that reminded patients to, 'call not fall', with a picture for dementia patients which we thought could be effective.

Our visit to the ward took place over lunch time and patients were being supported to eat by staff, we concluded that it was not an appropriate time to ask patients questions. There was a

consensus that staff appeared to work well and appeared very caring and considerate when supporting patients.

Prior to leaving the ward we thanked the ward manger and staff for showing us around the ward.

Ward A9

Team members:

Jane Catt (Healthwatch Halton) and Crissi Morad (Healthwatch Warrington)

First Impressions

Ward A9 is on the third floor of Appleton Wing. It is a 32-bed ward specialising in trauma and orthopedics.

There are 4 bays containing six beds, 1 bay containing four beds and four side rooms. The side rooms are prioritised for patients requiring isolation regarding infection control. The bays are all single sex and can be changed dependent upon current patient need. Clear signs are on the bays stating the specific gender of that bay and can be changed via rotation of a card.

Likewise, the patient toilets can be switched between male and female depending on what wards are nearer to which toilet.

The information display board at the entrance to the ward stating the date, who's on duty etc., was accurate and up to date, a display board was also seen which was current and informative.

On entering the ward, the corridor and communal areas were very clean and uncluttered. This included the storerooms for medication and supplies which we saw.

We were greeted at the desk by Jane Alker (Sister on the Ward).

Jane gave us a tour of the ward and we then spoke with patients to gather their views on Ward A9.

All of the staff we met were polite, approachable and welcoming. During our visit we observed all staff were busy either caring for patients or completing paperwork. Although the staff seemed busy, they were still approachable if required. There was a feeling of calmness and organisation.

We visited the ward at the end of lunch time and during this time we witnessed a drink spillage in the corridor by a staff member. This was immediately dealt with by putting a 'wet floor' sign out and a staff member standing next to the spillage whilst another gathered the cleaning resources required. Communication between staff was very efficient during this incident.

Patients were observed to have tables, drinks and call bells within reach. As it was following lunch time, some items had been removed from tables and put out of reach (not call bells), such as writing materials and mobile phone. Patients asked us to retrieve these items for them following the removal of their dishes.

During our visit patients were mostly sat up in chairs and seemed comfortable and safe. They were appropriately dressed in their own clothing/night wear.

We viewed the toilets and shower facilities, these were very clean, of an appropriate temperature.

There were hand gels situated at the entrance to the ward, each bay and around hand washing areas. Large signs were displayed to encourage visitors to use the gel. Staff were observed using gel, for example following touching the bin, hands were washed and hand gel applied.

All the staff, including the receptionist and housekeeper, were pleasant, helpful and approachable when interacting with each other, ourselves and most importantly the patients.

On admission, patients are asked what they would like to be called and their name is written above their bed. In addition, during admission a form is given to families called, '*This is me*', staff use this form to find a patient's likes and dislikes. Staff found this of particular value for patients who are living with dementia.

Also, in use on the ward was the 'Red Bag'¹ scheme, which staff told us generally worked well but there were occasions when it had not been received on admission. This is something both Healthwatch will continue to work with local care homes to stress the importance of the Red Bag scheme.

The ward also uses the '*John's Campaign*'², to support relatives of people living with dementia. The ward provides a card to relatives saying, 'I am a carer', and stating they are able to visit the ward outside of visiting hours. We were told that relatives can either just sit with the patient or assist in their care, if this helps the patient.

¹ <https://www.england.nhs.uk/urgent-emergency-care/hospital-to-home/red-bag/>

² <https://johnscampaign.org.uk/>

An area on the wall showed a collection of *'thank you'* cards.

Overall the ward was safe and well managed within the resources the team have available, namely limited staff when reflecting the unique needs of the patients on the ward.

On the day of our visit out of 32 patients 23 patients all required assistance to access the toilet, either one-to-one or one-to-two. This we believe is the result of patients having to wait far too long for staff to respond to their call bells.

It is not a poor reflection on the staff, we witnessed they are spread far too thinly to reflect the demand of the vulnerable, high risk and high demand patients they have on the ward.

We spoke with several patients on the ward and received the following feedback/responses.

When asked 'What do you think is good about the Ward?' the responses from patients were predominantly around the positive contribution of the staff. Quotes included:

- 'Treated well, Kind people very patient'
- 'So lovely and friendly' (staff)
- 'Staff very friendly'
- 'Nurses are looking after me'
- 'Staff are good'
- 'Everything is absolutely fantastic'.

When asked *'What would you like to see improved?'*, the responses were varied but a reoccurring comment was the delay in staff responding to patient bells.

Two patients commented on their dislike of the hospital food;

- 'Didn't like the cooked meals so just have the salads and they are fine'.

The lack of seasoning and access to salt for adding to food was also noted.

It was felt by patients that the patient televisions were far too expensive, (A patient stated they were £17 per day and they had been in for three weeks which would be far too costly), and due to the patients having limited/reduced mobility there was little stimulation to occupy them.

The possibility of accessing the TV's free of charge for a short period should be considered particularly for long term patients who are medically fit for discharge and are awaiting on available beds for rehabilitation.

Patients asked for more books to be available like a mini library and others asked for a newspaper/book/sweet trolley to come around each day.

A patient said they spent their time looking at the clock and if they fell asleep upon waking they were sometimes unsure if it was AM or PM, and felt it would be useful to have an identifier next to the clock.

A few patients spoke about how cool the ward can become in the evening. Being mindful of the inactivity of the patients they are likely to feel the cold more than others.

In addition, some patients felt that leaving the lights on until 11.00 PM was too late and the main lights should be dimmed earlier.

A patient explained that due to an existing condition they immediately needed to access the toilet and due to a delay in responding to the call bell they had experienced leaked faeces, resulting in their clothing and bedding requiring to be changed. Another patient stated they were *'Waiting for the buzzer 10-15 minutes'* to go to the toilet.

All patients felt that the staff had enough time to spend with them once they had responded to the call bell.

The delay in responding to call bells was a reoccurring theme throughout the ward. This was acknowledged by the nursing staff and was more noted around lunch time when distributing meals.

All patients told us they had been treated with dignity and respect by staff. They also said they were given enough information about their treatment.

Patients told us they were aware they were to be discharged but most did not know a date, due to waiting on a bed at either Brampton Lodge or Padgate House.

This raises a concern over delays in discharge due to lack of an appropriate care package in place or shortage of care home space. This is an issue that commissioners in both Warrington and Halton need to review. This would help relieve the pressure on Ward A9, as surgical beds are being used for social care and rehabilitative care patients, which is increasing the demands on the staff on the ward.

Patients told us they are frustrated to be still in hospital when they are aware they are waiting for a place or care package to enable them to be more mobile and independent and a step closer to home.

Summary

Ward A9 provides a trauma and orthopedic ward and due to the patients they provide care for many require rehabilitation follow on support and as a result their in-patient stay is prolonged due to a lack of beds at suitable services. This results in a need for patients to be provided with activities to occupy their time to prevent deconditioning.

Suggestions include providing a trolley service of magazines, snacks, puzzle books etc. Review the tv service and look at providing a limited time of tv access as it is not unused due to lack of interest but rather the expense. Provide a library service which could be coordinated by volunteers who may also provide visitors to the ward to chat with patients to reduce social isolation.

The demand on staff to assist with toileting is also high, this is of a particular concern around mealtimes when staff are unable to respond due to food hygiene and time restrictions.

Consider additional health care assistants to assist with such tasks as toileting due to the high demand of patients requiring this support following surgery, waiting for rehabilitation beds or at high risk of falls.

The staff on the ward are to be praised as throughout our visit they were pleasant, approachable and we observed many positive interactions between them and patients, following our review of feedback patients also state this.

PAU, B10, B11, B11 cubicles

Team members:

Jane Catt (Healthwatch Halton) and Crissi Morad (Healthwatch Warrington)

First Impressions

PAU (Pediatric Assessment Unit), B10, B11 and B11 Cubicles are on the ground floor of Burtonwood Wing.

The pediatric ward can be initially viewed as one Ward by visitors as it is down a main corridor. At the end of the corridor it branches off. On the right is the PAU, this is only open during the day for children to be observed and assessed before a decision is made to either discharge or admit. Next to this is Ward B10 which is for planned admissions for day surgery, Monday to

Friday. Across the corridor is Ward B11 which is for unplanned and emergency admissions. B11 consists of 2 six bed wards and 2 cubicles. Next to this is B11 cubicles which consists of 10 individual cubicles. These are allocated for babies under 12 months who have not been fully vaccinated, children who require isolation due to their illness/condition for example suspected meningitis, diarrhea and vomiting etc. These cubicles are also used for patients who are older. The allocation of cubicles is dependent upon current patients and their clinical need at any given time.

On arrival at the ward(s) there is an intercom which visitors are required to buzz in order to gain access onto the ward. On the day of our visit we arrived as a 'family' was exiting and they held the door open and we went in.

On entering the ward the corridor and communal areas were very clean and uncluttered, this included the store room which was also seen.

The information display board at the entrance to the ward stating the date, who's on duty etc., was accurate and up to date,

We were greeted at the desk by Joanne Burke (Sister on the Ward). Joanne gave us a tour of the ward and we then spoke with patients and their families to ascertain their views on the ward(s).

All the staff we met were polite, approachable and welcoming. During our visit we observed all staff were busy either caring for patients or completing paperwork. Although the staff seemed busy, they were still approachable if required. There was a feeling of calmness and organisation on the ward

We observed a 'tuck shop' with items to be purchased for 50p. A wall of '*Thank You*' cards and a selection of information sheets for patients/families. A 'Friends and Family Test' feedback box was also situated on the wall. There was a fish tank in front of the desk/nurses station.

We looked at some of the toilets/bathroom all of which were clean and of appropriate temperature. The bathrooms contained aids which help bathing young children such as no slip seats/mats. On the day of our visit a toilet in B10 was out of order and we were informed this had been reported.

There was plenty of hand gel positioned on the walls for visitors to use. The curtains on the windows of the cubicles are looking very tired and worn, we were informed new tracks are being measured and new curtains will be fitted, currently they are being costed. In addition, 23 parent chairs are expected to be delivered to enable parents to sleep in recliner chairs

(currently mattress are stored behind the cots/beds) and parents are required to set these out and clear away each morning before ward round.

There is a large playroom and a play specialist who works Monday to Friday 7.00am - 3.00pm. The play specialist provides play therapy to all children in PAU/B10 and B11 (including cubicles) but predominantly she works with children preparing for surgery on B10. Whilst talking to patients they said they were appreciative that on arrival on Ward B11 they were offered the opportunity for activities to occupy their time by the play specialist. The outside play area is going to be improved and updated, work on this is due to commence on 11th July. There is a separate room for teenagers (we did not observe this room as was being used for a meeting during our visit). We were informed that teenagers could ask for game consoles and the staff could access these from the store cupboard.

The call bells were accessible by the parents. We were informed if they had a patient who was older or did not have a parent/carer with them a call bell would be placed on their bed next to them.

Patients and parents/carers have access to drinks, in addition a drinks trolley is brought around at intervals throughout the day.

On the day of our visit all patients looked comfortable and safe. Dignity and privacy appeared to be maintained. For example, we observed during ward round, the curtains pulled around the bed.

Summary

The ward(s) appear safe and well managed, although a few changes are required to improve the environment. Some of these are in progress and others will commence shortly. Namely;

- New curtains
- Parent chairs
- shower room for parents/carers
- updated outside play area

Patients looked comfortable on all three wards. B11 had longer stay patients who seemed to have a lovely set up with all the right amenities.

There are 2 big bathrooms next to nurses' stations (across all three wards) and 2 of the bay rooms on B11 had private en-suite bathrooms.

One issue we came across was from parents who said that if they are on the ward with their child, they are unable to access showering facilities. This issue is in the process of being addressed and one of the surplus storage cupboards is being turned into a shower for parents only. Bathrooms were very well equipped and clean.

We did not observe any occasions where modesty was compromised and saw no Health & Safety hazards. Staff were clean and regularly used the hand gel during our visit, which were located around the ward.

Staff on this ward didn't wear any name badges. When we asked why, we were told it was due to infection control. All patients are assigned a nurse on shift who will deal with them throughout their day and introduce themselves to the patient.

B10 is a day ward, so anyone on this ward is recovering from surgery and will be discharged that day or will be moved to B11 if needed. PSA ward is an observation ward, so patients haven't formally been admitted and are waiting to be assessed by a doctor.

B11 normally give patients a 48 hour window for discharge, however they don't tend to give discharge times due to the unpredictability of children and how quickly they can sometimes deteriorate.

Overall this ward was a joy to visit. Staff were great.

It was extremely clean and all feedback from parents or carers was very positive.

The only issues raised with us was that sometimes they lack equipment and it isn't always adequate. One mother who had an '*open pass*' to the ward told us that sometimes they struggle to have enough oxygen tanks or equipment suitable for small children. She had been on all wards mentioned above and has no complaints and finds it an asset to the hospital.

Listening Event responses

During our visit to the wards we spoke with a total of 19 people, (14 patients and 5 visitors/family members).

16 of the 19 people told us their age group.

What is your age?	
Age of respondent	Number
Over 85	4
76 to 85	2
65 to 75	1
45 to 64	2
25 to 44	5
16 to 24	2

12 respondents were female and 7 male.

All 19 said they had been treated with dignity and respect by the staff

Of those patients who had been told their discharge date, 8 were due for discharge within one day.

6 patients out of the 19 said they had been moved from another ward to the one they were currently in.

18 out of the 19 said they had been given enough information on their treatment. One person commented that they hadn't yet seen the doctor and had been moved to the ward from A&E with no information.

We asked people to tell us what they thought was good about the ward or hospital.



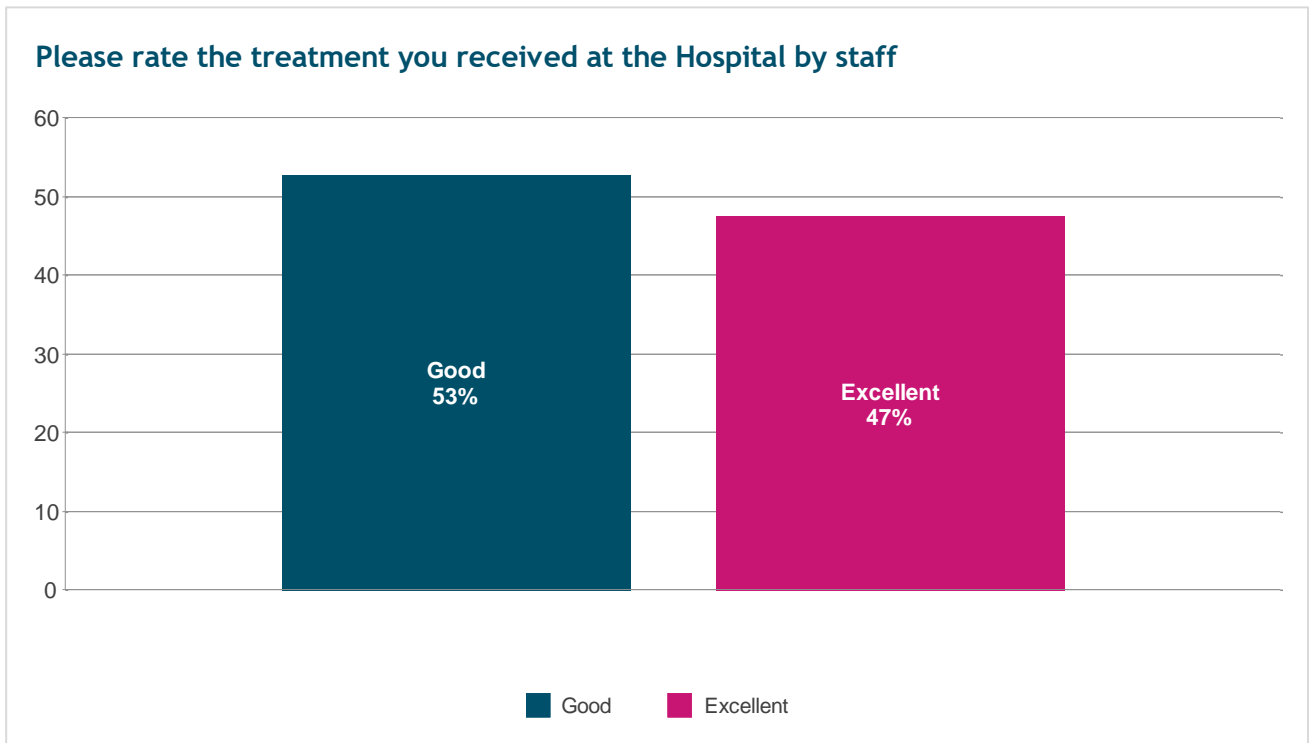
As can be seen from the word cloud of the 10 most commonly used words, patients really value the staff at the hospital.

When then asked what people thought could be improved. The word 'staff' came up high on the list again, but this time it was in the context of people feeling the wards needed more staff.

Also gaining a mention for improvement were:

- Car parking
- Hospital food
- Hospital TV's

We asked people to rate the treatment/care they received from the staff.



As can be seen from the results above, care and treatment were rated as good or excellent by all 19 people we spoke with.

Suggestions and Recommendations

Healthwatch has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch is required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

We believe the Trust should be rightly pleased with the majority of feedback patients and visitors have given in this report, particularly that relating to the staff.

Whilst acknowledging the positive comments around the quality of the staff and hospital during our visit, we'd like to make a few suggestions and recommendations for further improvements based on our visit and comments received from patients and visitors on the wards.

- 1.** While praising staff for the care they provided, many of the patients we spoke with highlighted how busy the staff appeared, particularly on Ward A9. The demand on staff to assist with toileting on A9 was high during our visit. We would ask that staffing levels are monitored and reviewed to ensure there are enough staff on duty to respond in a timely manner to the needs of patients on the ward.
- 2.** During our visit we noted that the introduction of a dedicated storage area on Ward A8 had made a positive difference to the amount of unused equipment out on the ward. We feel, where possible, this idea could be rolled out across other wards to help reduce the amount of 'clutter' on the wards.
- 3.** Patients commented to us on the expense involved in using the patient TV's. We'd ask that the use of pay as you view TV's is reviewed to look at possible ways to reduce the cost for patients.

- 4.** Social Isolation – Some patients who had been on wards for extended lengths of time told us of sometimes feeling isolated or lonely on the ward. We ask that the Trust look at possible ways of improving this situation for some patients, possibly by the involvement of volunteers from the Trust.
- 5.** We would ask that the Trust review the equipment needs on the Pediatric Unit. It was pointed out to us by some parents that suitable equipment wasn't always available for small children.
- 6.** We heard from patients on A9 who were delayed in discharge due to a lack of appropriate care package in place or shortage of care home space. This is an issue that commissioners in both Warrington and Halton need to review. This would help relieve the pressure on Ward A9, as surgical beds are being used for social care and rehabilitative care patients, which is increasing the demand on the staff on the ward.
- 7.** We received some comments around the length of time it took to find parking spots at the hospital during visiting hours, sometimes up to 20 minutes. This had a knock-on effect of reducing the time that visitors had to spend with patients. We would hope that ward staff allow some flexibility over visiting times if they are made aware of issues like this.

Provider Response



We are
WHH

NHS
**Warrington and
Halton Hospitals**
NHS Foundation Trust

Warrington Hospital
Lovely Lane
Warrington
WA5 1QG

Our Ref: JG/ST

24 September 2019

Dave Wilson
Manager
Healthwatch Halton
Suite 5, Foundry House
Widnes Business Park
Waterside Lane
WIDNES WA8 8GT

Dear Dave

I am writing to acknowledge receipt of the draft report regarding Healthwatch visits to Halton and Warrington Hospitals, which were undertaken in June 2019. We welcome the report and findings and in response, we will share them at the Patient Experience Sub Committee (PESC) meeting on 17 October 2019. We are very pleased with the patients positive responses during your visits and delighted that our staff welcomed you to the hospital wards.

The report has been circulated to the Clinical Business Units to share the findings with their teams, review and action recommendations within the report. The Head of Patient Experience will collate the responses, together with actions from the summary and recommendations within the report and monitoring will be through the Patient Experience Sub Committee meetings.

I am delighted to say that some of the suggestions within the report have already been actioned, for example the purchase of twenty three parent recliner chairs, which has been appreciated by many parents who have stayed on the paediatric unit, new curtains and the outside play area has been completed.

We appreciate the support from Healthwatch this year in raising the profile of the important work that is undertaken encouraging both staff and patients to fully appreciate the importance of engaging and sharing feedback.

With very best wishes

John Goodenough
Deputy Chief Nurse



John Goodenough, Deputy Chief Nurse
Warrington and Halton Hospitals NHS Foundation Trust
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Appendix A

Healthwatch Listening Event



Hospital name: Date:

1. Are you: a Patient a Visitor Staff other

2. First four digits of your post code (eg WA7 2)

3. Which hospital ward or outpatient area is your feedback about?

4. What do you think is good about this hospital?

5. What would you like to see improved?

6. Do you feel staff have enough time to spend with you and other patients, both during the day and night, if staying overnight?

7. Have you been given enough information about your treatment by the hospital?

8. How accessible do you think the hospital is in terms of getting around?

Please turn over

9. Have you been treated with dignity and respect by the staff at the hospital?

For inpatients only

10. Have you been told an estimated date for your discharge? Yes No

10b. If 'Yes' to Q10, when will you be discharged?

Within 1 day 2-5 days 6-7 days 1-2 weeks More than 2 weeks

11. Have you been moved here from another ward or have you been told you may be moved to another ward?

Yes No

11b. If you answered 'Yes' to Q11

I have been moved here from another ward
 I've been told I may be moved to another ward

Discharge Comments

12. Please rate the service at this hospital

Terrible 1 2 3 4 5 Excellent

13. Any other comments

About you

If you are willing to provide us with some monitoring information please complete the details below:

Age Prefer not to say

Gender: Male Female Transgender Prefer not to say Other _____

Do you consider yourself to have a disability? Yes No Prefer not to say

I would like to know more about how to make an official complaint I would like to receive the regular e-bulletin / newsletter

Name

Address

Email

Phone

Thank you for taking part in this survey!

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Do health and care services know what you really think?

By sharing your ideas and experiences you can help services hear what works, what doesn't, and how care could be better in the future.

Tell us what you think and help make care better.

it starts with
YOU

Supporting
NHS70

healthwatch