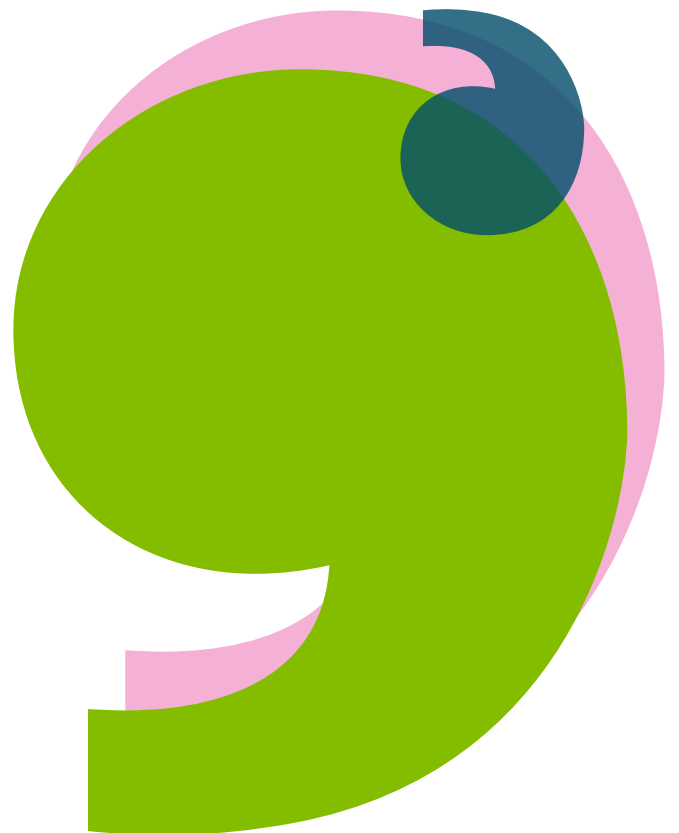




Enter and View report

Vaughan Thomas Ward, Warneford Hospital,
Oxford

June and July 2019



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1 Introduction

1.1 Details of visit

Details of visit:	
Service Address	Vaughan Thomas Ward, Warneford Hospital, Warneford Lane, Oxford, OX3 7JX
Service Provider	Oxford Health NHS Foundation Trust
Date and Time	26 th June 09:45-13:45 & 22 nd July 10:30-12:30
Authorised Representatives	Jeanne Humber, Carol Ball, Veronica Barry
Contact details	01865 520520

1.2 Acknowledgements

Healthwatch Oxfordshire would like to thank the service provider, patients and staff for their contribution to the Enter and View Programme.

1.3 Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.



2 What is Enter and View?

Part of the Healthwatch Oxfordshire programme is to carry out Enter and View visits. Healthwatch Oxfordshire representatives 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 allows local Healthwatch authorised representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter and View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter and Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

In addition, if any member of staff wishes to raise a safeguarding issue about their employer they will be directed to the CQC where they are protected by legislation if they raise a concern.

2.1 Purpose of Visit

To engage with patients to understand their experience of inpatient care particularly on the areas of 'staying here' and 'getting heard'.

To get a staff perspective on patient engagement, ward life and suggestions for change.

To observe how the ward operates and provides its services.

2.2 Strategic drivers

During 2019, Healthwatch Oxfordshire will be looking at patient experiences of mental health services. We want to hear what is working well as well as where things could be improved. We will be visiting a range of providers starting with inpatient acute care, moving on to community-based care and then looking at voluntary sector provision.

2.3 Methodology

We held a pre-visit meeting on 3rd May with the Ward Manager and discussed the purpose of the visit. We held a planning meeting for the Healthwatch team on 5th



June. Prior to our visit we asked the ward to display posters and leaflets about our visit.

On the day of the visit we had a guided walk around of the ward and were invited to introduce ourselves at the morning meeting before hearing from patients and staff.

We collected information by talking with patients and staff by using prompt sheets to act as an aide memoire to promote free-flowing conversation. We based ourselves within the activities room to ensure patient confidentiality and privacy, but only heard from one patient who did not wish to talk about the ward. We met with six staff. We returned on 22nd July and heard from three patients and a further staff member.

At the end of the visit we discussed our initial findings with the provider.

2.4 Summary of findings

- On observation, patient - staff relationships were extremely good and appeared to be on a very equal footing
- Vaughan Thomas is demonstrating areas of excellent practice with their psycho-social interventions (PSI) group and patient monitoring system
- Time and consideration had clearly gone into making the environment feel relaxed and homely
- Evidence of a strong staff ethos of patient-centred care
- Great examples of involving and supporting family members
- Low staffing numbers is impacting staff morale

2.5 Results of visit

Vaughan Thomas is an 18 bedded ward for adult males experiencing acute mental illness and was full on the day of our visit. Vaughan Thomas houses one of the 3 Section 136 suites (places of safety) in Oxfordshire and is the first point of call for those aged under 18. However the suite does not have its own garden area, so providing fresh air for female or those under 18 patients is problematic. The ward manager attends a Partnership in Practice meeting with relevant managers, Thames Valley Police and South Central Ambulance Service in order to review all cases of those detained under a Section 136. The ward also has a de-escalation room and a calm suite.

Despite the ward being very busy, we were warmly welcomed by staff and given a tour of the communal areas. The atmosphere was very nice and relaxed, with a homely feel. Effort had been made to brighten up the walls with pictures and patient artwork. The condition of the furniture was good with nice wooden chairs in the dining room. A seating area had been provided in the foyer for patients who

clearly liked to gather there which was let was considerate. The ward was on one level and each of the three bedroom corridors has a disabled access bathroom.

Each patient has their own bedroom. Where safe and appropriate, patients can be given a key to keep their bedrooms locked. Other doors were kept locked where appropriate. Patients can access the laundry with staff and are encouraged to wash their own clothes. The ward has been trialing a nighttime patient monitoring system by Oxehhealth called the digital care assistant. This involves a bedroom-based camera plus sensors to detect heart and respiration rate which enables staff to carry out their safety checks without disturbing the patient. As patients can be checked up to every 15 minutes throughout the night this system can have a very positive impact on quality of sleep which in turn impacts mental health. All patient and staff feedback for this system has been really positive and was shortlisted was The Future NHS Parliamentary award.

Many staff shared their concern about staffing levels on the ward with vacancies for staff nurses and admin posts being an issue. Poor pay and burn out were areas of concern with staff feeling there was little incentive to stay. Concern was also raised about the number of agency staff being used both in terms of the cost this incurred but also the impact it has on patient wellbeing if staff do not know the people they are caring for. Due to the nature of the ward, agency staff could only be given certain tasks to perform which caused frustration for permanent staff who felt they were being paid less, but had more responsibility.

Available Information

There were boards in the corridors displaying information about Restore (mental health recovery charity), PALS (patient advice and liaison service), up to date 'you said, we did' patient feedback and ward action, and a white board with the names nurses for the shift. Information on patient advocacy was up in the staff office, but we were not able to see it in the ward area. Neither were we able to see a staff photo board. We also saw a colourful and comprehensive activity timetable with photos of activities stuck around it.

A welcome information pack is provided for all new patients consisting of 11 booklets which we felt was a lot of information for a new patient to digest. Also not every leaflet was relevant to each patient, for example packs contained information on leave for both detained and informal patients. We felt that a detained patient would probably not want to read a leaflet which states "you have agreed to be admitted to hospital". The 'welcome to Vaughan Thomas' booklet was very comprehensive so we felt that maybe that plus 'supportive observations' and 'independent mental health advocate' plus the relevant leave leaflet. We did wonder how many newly admitted patients were able to ingest all this information. Perhaps a copy of each leaflet could be displayed on the ward corridor and patients



could ask for any they were interested in. We also wondered whether the staples in the leaflets presented a risk to patients.

Patient Feedback

- Patients told us they felt safe on the ward and well looked after
- On arrival patients told us they were shown around and everything was explained to them.
- We heard that staff treated patients with kindness and respect
- We heard that staff shortages could impact upon patient experience with them telling us it could be difficult or problematic when staff were too busy talk with them
- Participation in activities seemed to vary with some people telling us they didn't really like 'group' things. We also heard that some patients wanted to take part in the morning mindfulness group, but their nighttime meds made it too difficult to get up for the 8.30am start
- Patients would like to see more going on the garden in terms of activities as well as plants and shrubs
- Patients told us they were involved in their discharge planning

Food and Mealtimes

- Meals are served in the dining room where drinks and snacks are always available
- Meals are cook-chill provided by an external caterer dealt with by the facilities department. We were told that the food was expensive with problems around the delivery of the lunchtime sandwiches
- Dietary and cultural needs are catered for
- Patients told us they were happy with the food and staff said patients often ate seconds
- Patients were able to access the locked kitchen with a staff member and cooking groups took place
- The dining room is an open space next to the lounge room with lovely solid wooden chairs
- Two sandwiches are always set aside for anyone coming into the 136 Suite

Activities

- There is a set timetable led by the Occupational Therapist (OT) and the Activity Workers



- The ward activity timetable had a varied and comprehensive range of activities
- Staff were very supportive of patients who wanted to do other activities such as go to the gym, or have a music session
- There is a mindfulness group every morning
- There is an OT led PSI (psycho-social intervention) group each evening which has a theme for each group eg medications and their side effects
- OT and activity staff take time to engage with patients about their hobbies and interests and will tailor activities accordingly
- There is access to a secure, high fenced garden where sport activities can take place
- Books and DVD's are available to patients at all times

Staff Feedback

- Staff told us the best thing about working on the ward was the team. That they were positive, friendly, approachable and supportive
- When asked about what was difficult about their jobs, staff told us that short staffing was a real issue which affected workload and morale, as well as a limited activities budget
- Staff felt that the pay was too low considering the cost of housing in Oxfordshire and that agency staff were much better paid
- Staff felt very well supported with regular supervision sessions, learning from incident meetings, reflective practice as well as being able to seek support and advice at any time.
- Staff felt confident to share ideas with the management and wider team, everyone felt their views were listened to and respected
- Staff told us there were plenty of opportunities for learning and development
- All staff we asked knew that the whistleblowing policy was on the intranet, and felt comfortable raising concerns with either the ward manager or the Modern Matron
- Staff talked of a strong ward ethos with high standards and how staff of all grades were highly valued
- When asked what changes they would make to the ward, staff told us they would like to see increased pay for the staff to improve staff retention, less use of agency which is costly and often cancelled at the last minute, the recruitment of an additional Occupational Therapist, greater provision of affordable accommodation, the layout of the 136 Suite and seclusion and the provision of a fresh air space for 136 clients who were female or under 18



Patient and Carer involvement

- Staff do their best to involve patients in their own care. This ranges from:
 - Initial assessment on admission
 - Collaborative person-centred care plan writing
 - Collaborative safety plan writing
 - 1-1 conversations
 - Morning meetings to discuss activities and ward life
 - Weekly ‘have your say, feedback and ideas’ meeting
 - Complete ‘hobbies, interests and past activities’ form with patient
- Patients are encouraged to complete a review of their experience on the ‘IWantGreatCare’ web site. The ward feedback for June is very good with Vaughan Thomas making the number 1 spot.
- Patients are involved in various aspects of the service such as the ward staff recruitment process
- There was a strong ward ethos of involving, educating and supporting carers. We were told this was because family intervention and education increases understanding of mental illness, the family perspective is very important and different and in healthcare settings everyone focuses on the patient but caring for the family is also very important. The ward involved family members by:
 - Running a weekly family and friends group
 - Carrying out an initial assessment with the carer
 - Inviting carers to ward round (if patient consented)
 - Offering carers a 1-1 with their loved ones named nurse
- Carers were consulted to gain information to learn more about patients and were given as much support and information as was possible
- Even when patient consent was not given to share information with carers, ward staff would always check on their wellbeing and provide them with generic information and support

2.6 Additional findings

We also heard that engaging with multi-disciplinary teams could be difficult. Ward staff told us that all care coordinators were informed of patient admission as well as being invited to ward rounds, however the response rate to the initial email was around 50% and care coordinators did not regularly attend ward rounds or visit patients. Ward staff recognized that the Adult Mental Health Teams had huge caseloads but feel that continuity of care during admission would be of great benefit to patients especially around discharge planning. We did hear that some care coordinators were very receptive and involved in their patients care.

2.7 Recommendations

- Improve the appearance of the garden fence so it feels less punitive for patients
- Invest in plants and furniture to make the garden a more relaxing and welcoming place to be
- Consider providing a one-sided A4 information sheet for new patients with basic information such as mealtimes, visiting times, how to speak to staff etc
- Reduce number of leaflets in the welcome pack to 'Welcome to Vaughan Thomas', 'how to complain', 'Independent Mental Health Advocacy' and relevant leave leaflet
- Have a wall mounted display of all available leaflets for patients to request as needed, hopefully this would reduce printing costs
- Regularly review the timing of the morning mindfulness group to maximise patient participation
- Put a staff name and photo board up on a communal wall
- Considering creating a messages of hope board / tree to inspire newly admitted patients
- Review and risk assess the use of staples in ward booklets

2.8 Service provider response (in pink)

- Improve the appearance of the garden fence so it feels less punitive for patients
- this has been an ongoing issue and something that we are aware of. I was wondering if you or other members of your team had ideas as to how we could change this??



- Invest in plants and furniture to make the garden a more relaxing and welcoming place to be
- Staff on Vaughan Thomas Ward recently did the 5K Gung ho and raised £2,700 and we have asked for a wish list from patients which included furniture for the garden so this is something that we will invest in.
- Consider providing a one-sided A4 information sheet for new patients with basic information such as mealtimes, visiting times, how to speak to staff etc
- This is something that we have taken on board and are working on this week and next so will be in place shortly. We also have a notice board with a “typical day on the ward” from a patient experience.
- Regularly review the timing of the morning mindfulness group to maximise patient participation
- This is something that we have already trial but in fact the attendance went down. It is thought that by doing this in the morning it “sets the mood for the day” Patients agreed with this.
- Put a staff name and photo board up on a communal wall
- As you walk on to Vaughan Thomas ward there is a photo board up of all of the staff and their job roles and has been for a long time now.
- Considering creating a messages of hope board / tree to inspire newly admitted patients
- This was planned by the OT who left so we will pick this up. We do have a notice board which displays the feedback from Iwantgreatcare.

Thank you for taking the time to visit and write this report. I hope you have found this feedback as useful as I did reading the report that you wrote.

