

Together we are making a difference!

We spoke to 11 patients during our two hour visit to 'Ward 35'. This is an intermediate care ward, a service provided by Mersey Care NHS Foundation Trust.

Ward 35 is a ward based at the Aintree site of Liverpool University Hospitals NHS Foundation Trust. Patients are referred to the ward from the hospital for further rehabilitation and if a patient is medically stable, they can be referred into the ward by their GP and other community teams to prevent them from being admitted into hospital. The ward has 25 beds.

Our overall goal is to make sure services are available that work for local people.

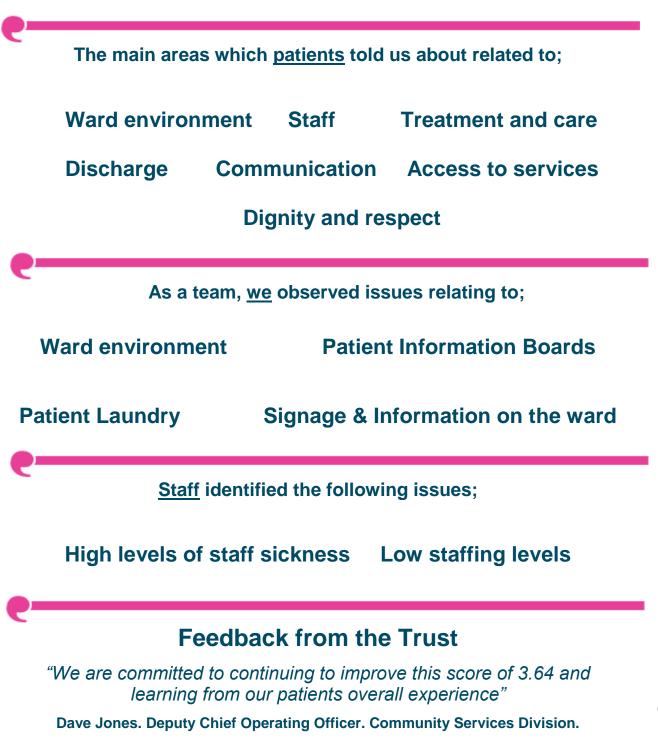


We were asked by Mersey Care NHS Foundation Trust to independently visit the ward and gather feedback from patients on all aspects of care and treatment.

We visited the ward on the 9^{th} July 2019, and spent two hours (5pm – 7pm) talking to both patients and staff. From the feedback we received, the ward was given an average rating of 3.64 out of 5 stars.



Staff working on the ward received **78%** positive feedback with **89%** positive feedback relating to treatment and care. The dignity and respect of patients gained an overall positive rating of **100%**.





In talking to patients and staff, there were a number of improvement areas identified.

Change in practice after patients and carers tell us that they did know what date they would be discharged!

In gathering feedback, discharge planning received 80% negative feedback. The majority of patients and a small number of relatives we spoke with did not know when they would be going home. There was no estimated date of discharge included on patient information boards.

Through sharing this independent feedback, the Trust has made a **change in their practice.** Feedback and discharge planning is now part of the wider SAFER work stream review. Given the negative feedback, the **date of discharge, therapy and social work goals are now included in each patients 'end of bed' documentation.**

We are on a rehabilitation ward and we don't have any activities!

Patients told us that they didn't have a lot to keep them occupied on the ward to support them with their rehabilitation. We recommended that the trust employ an activities co-ordinator or look at ways of encouraging community organisations to come onto the ward to engage with patients.

In response to our recommendation, there has been a **change with the health and care service.** The trust agreed to **recruit an activities coordinator** to support patients with daily activities.

Can't access televisions in bay areas!

Patients told us that they did not have equal access to the televisions in bay areas and we were told about broken remote controls.

Based on our recommendation to ensure patients could access televisions in all bay areas, the trust **bought new equipment.** New working remote controls are now available.

What time is it?

This was a relatively simple issue to raise from the visit. We made the trust aware that a **clock** in one of the ward bays was **not working**.

In sharing this, the Trust have now **implemented** a **weekly process** to check that all clocks across the ward are working and batteries are replaced/fixed as and when needed.

Patient Information Boards need improving!

When speaking to patients at their bedsides, the information boards situated behind each bed were undersized and it was difficult to read the important information which had been added to them. We asked the trust to consider larger boards and for the boards to include information on 'estimated date of discharge'.

Due to the recommendations we made, the trust has agreed to **buy new patient information boards** which **will include discharge information**. We have been involved in the design of the boards (see page five).

From being **involved** in the **designing of the new boards**, we have been able to influence a number of improvements to the board design. (page 5).

For example we have asked for the first information box on the board to be the patients name/I like to be called.... and that the date for estimated discharge be included in the same box as the discharge criteria box. Both suggestions have been agreed and we will continue to work with the trust on ensuring the boards contain all of the important information needed.

| Ward 35 Patient Information Board | | | | | |
|-----------------------------------|--------------------------------|--|--|------------------------------|--|
| Room: | Today's Date: | Patient name: | Your named Nurse today is: # hello my name is | | |
| Bed Number: | Day: | I like to be called: | Ŭ | | |
| Admission date: | Estimated discharge date: | | | | |
| Your named Doctor is: | Your named Physiotherapist is: | Your named Occupational Therapist is: | Your named Soci | Your named Social Worker is: | |
| | | | * | | |
| Diet & Fluid preference: | | | | | |
| What matters to me: | | Patient goals: | | | |
| Discharge criteria: | | Mobility and transfer status: | | | |
| | | | | | |
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Patient laundry, infection control issue?

Patients on this rehabilitation ward have a daily routine and part of the routine is for them to get dressed. A number of patients we spoke to, told us that they wash their clothes in bathroom areas and then hang them to dry within their bay areas.

We asked the trust to **review this feedback from an infection control perspective.** The Trust told us that the majority of patients who access the rehabilitation ward have family members who visit them and they will take their clothes away to wash. In sharing this feedback, to prevent infection control issues, **options are now being explored with the infection control team for those patients who do not have family to support them**.

Admin takes nursing staff away from patient care!

When we spoke to nursing staff, they told us how admin tasks they have to complete took important time away from providing patient care.

We asked the trust if they could review this and have a dedicated member of the ward team who could provide admin support for the ward.

We were told in November 2019, that the ward was moving to a paper lite system, which would reduce the admin tasks for staff.

We were not reassured that this action would provide an adequate solution to this issue and we will be following this up with the trust.

Staff access to health and well being support.

We asked what health and well being support/ opportunities were available to staff.

We were reassured that the trust provides health and well being activities, the activities being accessed online via their share point system. However we are interested to find out from staff if they have the time to access this service and we will be following this up.

Concerns about safe staffing.

In talking to staff members, they shared openly their concerns with us about the high levels of staff sickness and low staffing levels and the impact of this on them and also on patient care.

We reported this back to the trust and recommended that the trust continue to review the staff shortages on the ward to ensure that safe staffing was in place to ensure patient safety and care (particularly during evenings and night shifts).

In responding to the recommendations we made, all staff vacancies on ward 35 have been filled (November 2019). Staffing and vacancies are discussed with the senior leadership team on a weekly basis.

