

# Enter and View Report

**High Intensity Users Team at Stafford County Hospital**

22<sup>nd</sup> September 2025



**Healthwatch Staffordshire**

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# Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 22nd September 2025

## Service Visited:

High Intensity Users Team

Stafford County Hospital, Weston Road, Stafford. ST16 3SA.

Location: First Floor of Stafford Hospital

Tel: 01785 257731 Ext 3793

Operational Hours currently Monday – Friday 8:00am – 17:00pm

[Website for University Hospitals of North Midlands NHS Trust](#)

[HIU.SERVICE@MPFT.NHS.UK](mailto:HIU.SERVICE@MPFT.NHS.UK)

## Purpose of the Visit:

This visit was a follow-up to the Healthwatch Staffordshire [Admission Avoidance project](#) completed in January 2025.

<https://healthwatchstaffordshire.co.uk/wp-content/uploads/2025/07/Admissions-Avoidance-Deep-Dive-FINAL-DRAFT-V3.pdf>

The High Intensity Users manager invited Healthwatch Staffordshire to come and meet the team & learn more about its services. The meeting aimed to clarify service outlines and remit to enable Healthwatch to promote the service to the public, professional colleagues across the County of Staffordshire, and to the charity/voluntary sectors. The purpose of the Enter and View visit is to showcase how this service operates and improves outcomes for the public it serves. Additionally, the visit aimed to gather insights from staff, management, and patients to identify any potential improvements or measures to consider.

As part of Healthwatch Staffordshire's responsibilities, authorised representatives conduct Enter and View visits to health and social care premises to assess management effectiveness and make recommendations for improvements. The Health and Social Care Act 2012 empowers these representatives to observe service delivery and engage with service users, their families, and carers at locations such

as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. These visits may be prompted by reports of service issues or to share positive examples of well-performing services. While these visits are not specifically intended to identify safeguarding issues, any concerns that arise will be reported in accordance with Healthwatch Staffordshire's safeguarding policy, and the visit may be ended if necessary. The local authority safeguarding team will also be informed.

## **Review Method:**

The visit began initially at the end of April 2025, when Emma Ford, Engagement Officer, met the HIU unit's manager for the first time. Following the meeting, Emma asked if Healthwatch could attend to complete an Enter & View to promote their work.

During the visit on the 22<sup>nd</sup> of September 2025, Healthwatch Staffordshire was introduced by the manager to the Discharge Team, Telehealth Review Officers who work within County Hospital, and Case Managers who cover both the North and South of the county. Healthwatch representatives also had the opportunity for some one-on-one engagement with staff to gather insights about the work environment and the individual roles.

This report reflects Healthwatch's independent perspective. We would like to extend our gratitude to everyone at the High Intensity Users Team, including the staff, for their warm welcome and participation in the process.

## **The Review Team:**

The visiting team consisted of:

- Christine Sherwood, Engagement Officer for Social Care, Healthwatch Staffordshire
- Emma Ford, Engagement Officer for the North area of Staffordshire
- High Intensity User Manager

## **Service Outline:**

The High Intensity Users (HIU) Team aims to assist individuals with one or more complex health conditions that require various health and social care services. Any individual with three or more hospital admissions or who has spent a total of forty days as an inpatient over the past twelve months can be included in this service.

This service was implemented in response to the rising number of emergency admissions among the ageing population. It is recognised that hospitalisations can be distressing not only for physical health but also for emotional and mental well-being. For older adults, prolonged hospital stays can lead to muscle loss, decreased mobility, and a heightened risk of acute infections, as well as social isolation and deconditioning. Consequently, this can result in a temporary or even permanent transition to social care settings due to the additional needs that arise from extended hospital stays or the need for support from family and community services.

To implement the care pathway, patients must consent to the team's intervention. An assigned Case Manager will hold a multidisciplinary team meeting, which includes the patient, their family, and relevant professionals across all areas of service, to design a personalised action plan. The essence of the service is to eliminate the need for repeated emergency department visits and ultimately avoid unnecessary hospital admissions when care can be safely managed in the community. Action plans are reviewed as needed, and once the actions are implemented, the patient will be assigned a Named Review Officer. This service helps patients to remain well in their own environment, surrounded by familiar people and communities.

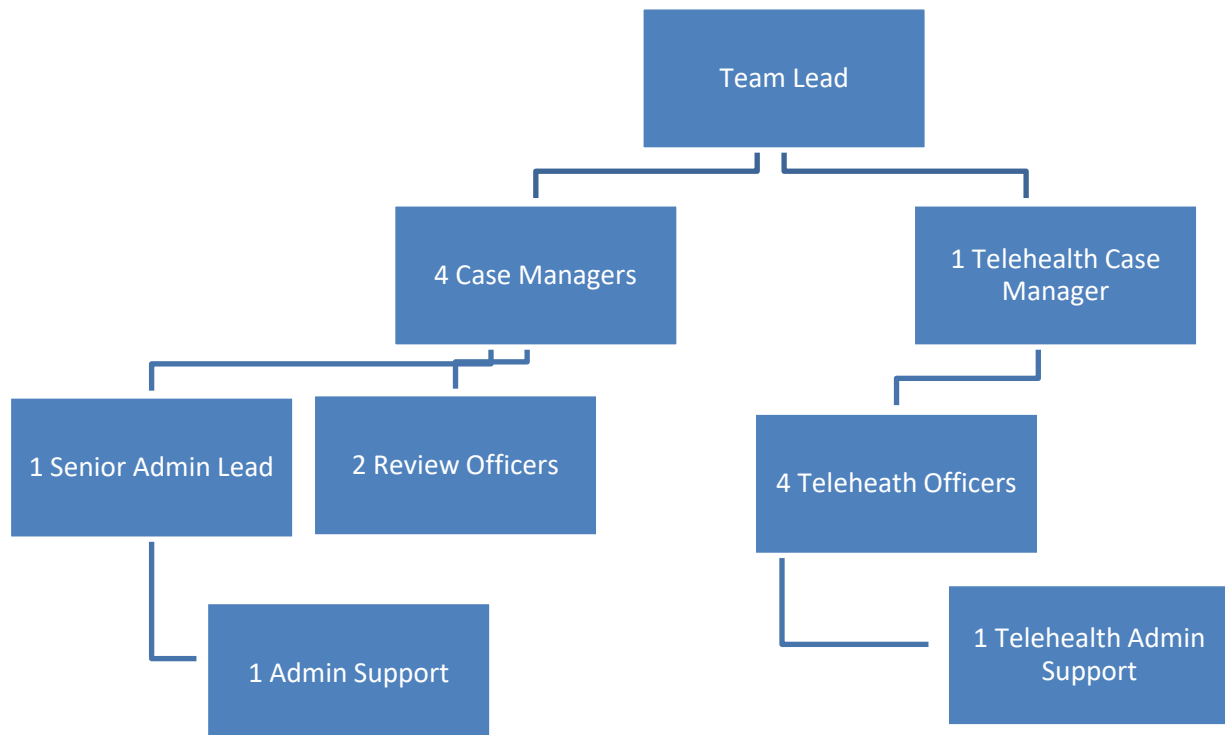
Currently, the HIU MySENSE Team at County Hospital supports 83 patients but has the capacity to accommodate up to 100 at any one time. This complements the 317 patients the main HIU team supports, with a total of 400 patients benefiting. By identifying and engaging with these patients, the HIU & MySENSE Team aims to deliver a more integrated, person-centred approach to care – "Right Care, Right Place, Right Time", regardless of where they live or what their postcode may be.

Through multi-agency collaboration, the service seeks to address the root causes of high service utilisation, reduce unnecessary hospital admissions, shorten the length of stays, and ultimately improve individual outcomes while easing pressure on the healthcare system. This collaborative partnership provides valuable insights, allowing the team to coordinate cases effectively, minimise repeated contact for patients with various services, and enable early intervention to prevent crises. This approach also reduces duplication of efforts, making professional work more streamlined and decreasing the need for lengthy hospital stays.

With the HIU service, patients are prioritised and receive stable support upon returning home, which empowers them to feel confident in managing their health and daily lives. They know they can reach out to the staff and feel listened to and supported, providing them with peace of mind.

## Staffing :

There are two HIU teams, one based at County Hospital & the other at Royal Stoke. The teams consist of the following.



Working together as a team across different organisations has been key to the success. By uniting healthcare providers, social care teams, and community services, the HIU make sure to consider all parts of a patient's journey and involves the right professionals at every step.

## MySense: Assistive Technology.

The HIU service also includes a Telehealth system monitor called MySense, which can be effectively used in patients' homes to support and identify their needs. Using technology has been crucial in enhancing communication and making care delivery more efficient. With the help of digital tools, HIU have successfully reduced the number of emergency visits and hospital stays. This improvement creates a better care pathway, allowing patients to remain at home or in their communities when appropriate.

The MySense system utilises a Hub connected to Wi-Fi, with sensors installed throughout the patient's home to monitor important activities. For example, a kettle sensor tracks drinking activities, while tap sensors monitor water usage to assess hydration levels. Exit sensors placed on front and back doors can record when the patient enters or exits the home.



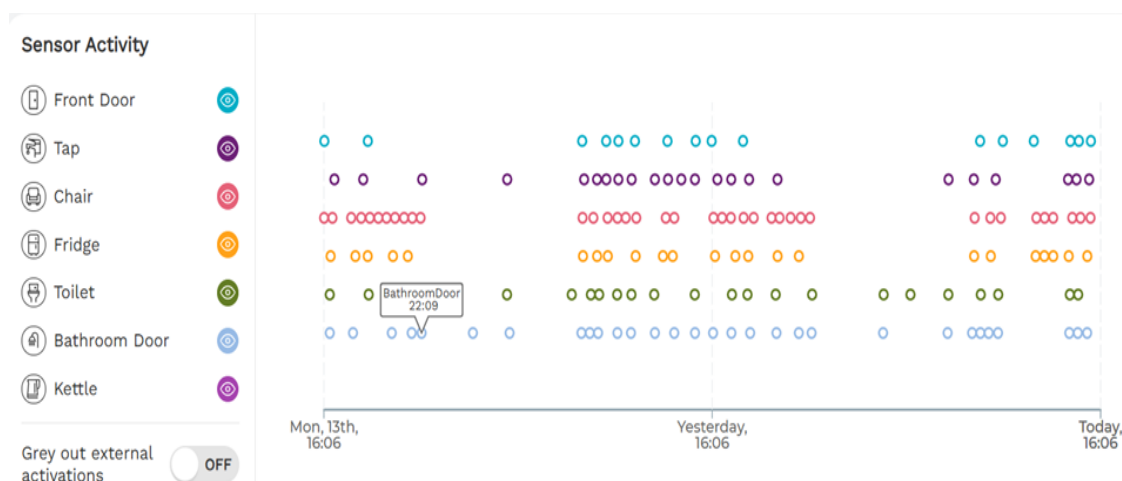
Additional sensors include sleep sensors that provide insights into sleep patterns, chair sensors that detect how frequently a patient moves in and out of a chair, bathroom sensors, toilet sensors, and fridge sensors that help identify eating and drinking patterns. My Sense also includes temperature monitors; if a home is deemed too cold, the team will connect the patient & suggest that maybe a call to “Beat the Cold” for assistance. ([Beat the Cold – Stoke-on-Trent and Staffordshire's Fuel Advice Charity](#))

During our visit, Healthwatch asked how the system distinguishes between the individual patient and any visitors using the equipment. The answer lies in the Activity Watch, which determines that the individual is moving near the sensors, allowing for real-time data collection. This supports the team's objective of preventing unnecessary hospital admissions by identifying any decrease in functional abilities.

Staff members monitor patient patterns daily through a remote dashboard for the hospital. This allows the Telehealth officer to recognise individual behaviours effectively. Each full-time worker manages a caseload of approximately 35 patients, enabling staff to reach out based on these insights to check in and provide any necessary support or assistance. The data also facilitates access to resources through the Telehealth Officer, including interventions from General Practitioners (GPs) or District Nurses, and collaboration with the Community Rapid Intervention Service (CRIS) team. Families can download an app to monitor their loved ones' well-being and act based on the data. ([Community Rapid Intervention Services: Midlands Partnership University NHS Foundation Trust](#))

One feature that caught the attention of Healthwatch is the toilet monitor. This device tracks how many times a patient uses the bathroom, helping staff detect any unusual patterns that may indicate potential urinary tract infections.

Example of a patient’s dashboard who drinks plenty throughout the day and will often use the toilet once or twice a night.



### Sensor Activity

Legend:

- Front Door (Teal)
- Tap (Purple)
- Chair (Pink)
- Fridge (Orange)
- Toilet (Green)
- Bathroom Door (Blue)
- Kettle (Violet)

Grey out external activations: ☐ OFF

Device	Mon, 13th, 16:09	Mon, 13th, 18:00	Tue, 14th, 00:00	Tue, 14th, 06:00	Tue, 14th, 12:00	Tue, 14th, 18:00	Tue, 14th, 24:00
Front Door							
Tap							
Chair	3	2	3	3	3	3	2
Fridge	1	1	2	1	1	1	1
Toilet		1		1		1	
Bathroom Door		1		1		1	
Kettle							

### Staff Feedback:

The HIU team kicks off conversations with patients by asking, “*What is important to you?*” and including the question, “*Are you ever lonely?*” This approach fosters genuine dialogue and helps in determining the appropriate support needed.

To mitigate hospital admissions, there's an alert system in place within the Accident & Emergency (A&E) department, as well as with the Elderly Frailty team. If someone the HIU team is working with presents at A&E, the staff promptly notify the HIU team for intervention. Should an admission be

necessary, the HIU team oversees the entire process, helping to streamline hospital discharges and often allowing patients to leave sooner.

Typically, the HIU case manager sees patients within 48 hours after discharge, as this period is critical for preventing readmissions. The team carries a copy of the patient's discharge letter to ensure that all follow-up needs are met and to inform the General Practitioner (GP) of any specific requirements tied to the discharge.

The telehealth officer maintains regular contact with patients, frequently reaching out a couple of times a week for reassurance. Follow-ups can continue for up to a year, with the possibility of discharge if the patient hasn't been hospitalised for three to four months.

The team is proud to report that their initiative has significantly reduced the duration of Discharge to Assess (D2A) pathways. Healthwatch was told by the HIU staff that therapists working alongside the team have praised the exceptional service provided. Feedback on patient progress is collected, documenting improvements based on recorded data, which aids in setting realistic and achievable goals. Enhancing collaborative working.

All HIU staff members adopt a holistic approach, considering not only the physical health of patients but also factors such as housing and financial concerns that may affect their well-being. They receive training in social prescribing and are currently exploring collaborations with the respiratory team to tackle health disparities.

One challenge mentioned by the staff involves overcoming pre-existing habits. For example, one patient experienced a decline in health after being discharged and spending the entire day seated at home. After reviewing the situation via the Dashboard, the team insisted that the care agency help the patient walk during their visits, aiming for improvement and ultimately preventing hospital readmissions while ensuring the patient's wishes were honoured.

An illustrative case shared by staff involved telehealth monitoring, which flagged concerning heart rates and led to a 999 call. This crucial intervention resulted in the patient being fitted with a pacemaker, with one team member stating the patient said, "The system saved their life."

The Telehealth Review Officers are also trained to do observation by the CRIS team. If an officer notices a patient is unwell while reviewing the Dashboard, they will visit the individual and perform the assessments. If their condition seems concerning, they will contact the CRIS Team for further guidance, preventing unnecessary duplication of reviews.

Additionally, there are Case Managers dedicated to patients who do not have MySense. This team is known for their proactive approach. They indicated that without MySense, an additional four ambulances would be needed each week, while the HIU prevents the use of two ambulances daily. In total, the HIU team saves around 8,000 bed days each year, saving the



NHS £3.5 million per year in bed days & WMAS callouts. It is commissioned to assist up to 400 patients annually.

## **AWARDS**

Over the last nine years The Team have been shortlisted 5 times for HSJ Awards but never won and have also been shortlisted for the NHS Parliamentary Awards.

Winners of the Mission Excellence Award for MPFT

Winners of the Breaking Boundaries Award for MPFT

Winners of the Service Improvement Award for UHNM

Gold Award for Re-Condition the Nation.

## **Service User Experiences:**

After the Enter and View with the HIU team, Healthwatch Staffordshire staff member Christine Sherwood was able to complete a separate visit to a couple of the patients who currently use the service.

I met with one client that was living at home in the community. I witnessed a great rapport between the patient and the staff member with plenty of banter going back and forth. You could clearly see the patient positively engaging and listening to the advice of the staff member.

I asked if the HIU service had helped, I was told **"It has been very good"**

I asked how the service has supported them. In banter the patient stated, **"they tell me off", but in the positive way. "It helps me stay at home". "I get advice".**

I witnessed the staff member engaging about medication, liaising with the Occupational Therapist and the District nurse who were visiting.

The patient was updating the HIU staff member about various services that had been implemented and equipment being used to help keep the patient safe and as independent as possible.

Overall, the patient was very jovial, grateful and complimentary about the service.

I later met with another patient who was currently in hospital, again the staff member had a great rapport with this patient and extended family. The staff member was coordinating, at the request of the patient, to staff

within the hospital team and with external agencies. It was a very caring and empathetic relationship.

I asked how the HIU had helped them, the patient stated “they have been excellent, nothing is too much trouble, and they go above and beyond for me”

I asked how the service has supported them, the patient stated “they have coordinated everything for me, if I am uncertain of anything I know they are at the end of the phone and will offer help. The staff member always knows when I am admitted to the hospital and always comes and checks in on me. I cannot fault the service”.

I could truly see the staff member knew this patient, they fluently knew of all the patient medical conditions and how this impacts the patient daily. The staff member understood that a holistic approach to the patient is the best way to support. That everything needs to be considered, from health, wellbeing, social interactions and support mechanisms.

It was a very powerful and interactive Enter & View.

From the patients’ point of view, it is just what they need to try and remain well & stay out of the hospital.

These figures were given to Healthwatch by the HIU team: 89% of patients and families would recommend to family and friends.

# Benefits of HIU to patients

- ▶ Independent
- ▶ At home
- ▶ In control
- ▶ Reassured
- ▶ Peace of mind
- ▶ Time saving
- ▶ Personalised
- ▶ Can save them money



## Summary

Healthwatch summary highlights that, from a patient point of view & from the data provided by MySense, it indicates that the service effectively supports individuals in staying at home and maintaining their independence. The service takes a proactive approach by considering the whole person and the various factors that affect their well-being.

It is evident that many health issues arise from social challenges and deprivation, and it is encouraging to see these aspects being addressed holistically with patients. Additionally, the staff clearly enjoy their roles and take pride in their achievements for both their colleagues and the care of their patients.

The service has also addressed certain health inequalities while reducing costs and the duplication of services within the NHS and emergency services, which is commendable.

At Healthwatch, we believe this approach is essential for tackling these issues, and collaborative efforts are key to improving health inequalities, especially among vulnerable populations. Kudos to the service and its dedicated staff!

## **Strengths:**

The service provided is highly personalised and tailored to meet each patient's specific needs.

- The service opts for the least restrictive model that empowers patients to take responsibility for their care and equips them with the necessary tools for success in the community.
- Strong evidence of effective team management has created a supportive environment for staff.
- Communication between patients and staff is effective, and MPFT will continue to enhance and document this communication.
- The service is freeing up bed spaces and alleviating some pressure on the WMAS & NHS.

## **Recommendations:**

- To build partnerships with General Practitioners (GPs) and help them understand the complexities of patients with Parkinson's disease, as well as the need for prophylactic antibiotics.
- Promote the service in supported living and extra care environments, as these settings often have many patients who fit this profile.
- Continue to expand the MySense service and consider establishing a 24/7 response team, potentially connected to a HUB with various professionals who can assist in crises.
- Allow families to refer individuals to the service, not just professionals. When crossing borders, it can be difficult to determine if a patient has received care within the criteria due to inconsistencies in hospital systems.
- Reach out to Support Staffordshire to learn more about the Micro Provider Scheme they are initiating, the Wellbeing Buddy service, and other voluntary sectors they collaborate with.
- Explore access to the Support Staffordshire Healthy Alliance on Base Camp to stay informed about engagement opportunities and collaborative efforts, such as the steering group on hoarding.

## **Feedback from the Service manager:**

*"The HIU team was a joint innovative project between UHNM and MPFT initially. Following strong success and support from a vast range of services the aim is to continue to strive to work creatively and*

*collaboratively with our patient cohort, families and professional providers to deliver the very best outcomes we can.*

*We would like to express our thanks to the Healthwatch team for their interest in our patients and service and the positive impact this has made in the team. To be recognised from an independent body for the difference we make alongside recommendations for how we can improve further has been a great experience that we will take forward in our future endeavours.*

*Already we have:*

- Looked to expand our criteria to include those recommendations to accept referrals from patients, families and friends*
- Everyone in the team is now a member of Base Camp which aligns very well with our commitment to social prescribing and working co-productively with our patients and families.*
- Expand our digital health offer*
- Extend and build further on our VCSE relationships*
- To continue to explore and develop creative options for some of the most vulnerable individuals in the Health and Social Care Economy.”*

## **Next Step**

The report will now be published on our website for the public to read, and copies will be forwarded to MPFT, UHNM and shared with Care Quality Commission (CQC), it will also be added to the next Healthwatch E-Bulletin.

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 residents, relatives and staff, only an account of what was observed and contributed at the time of this visit. We would not note or comment on any formal complaints that are ongoing to ensure the following of procedures.