Enter and View Report

healthwatch Bracknell Forest

Details of visit	**Ward G3**
Service address:	**Frimley Park Hospital**
Service Provider:	**Frimley Health NHS Foundation Trust**
Date and Time:	**16th June 2015, 2pm**
Authorised Representatives:	**Andrea McCombie, Mark Sanders**
Contact details:	enquiries@healthwatchbracknellforest.co.uk

Acknowledgements

Healthwatch Bracknell Forest would like to thank the service provider, patients, visitors and staff for their contribution to the Enter and View programme.

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 patients and staff, only an account of what was observed and contributed at the time.

What is Enter and View?

Part of the local Healthwatch programme is to carry out Enter and View visits. Local Healthwatch 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. Providers can also invite us to visit a service.

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. If at any time an authorised representative observes anything that they feel uncomfortable about they need to inform their lead who will inform the service manager, ending the visit.

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.

Purpose of the visit

- To engage with patients of the specialist stroke ward and understand more about how their care and treatment is carried out respecting their dignity and consent.
- Observe patients and visitors engaging with the staff and their surroundings.
- Capture the experience of patients, relatives and, where relevant, staff and to record any ideas they may have for change to improve patient experience.

Strategic drivers

- Follow up visit from 2014 after serious concerns raised by the public which resulted in an internal investigation and changes in practice and staff training

Methodology

This was an invited Enter and View visit.

We were met at the main reception by Claire Marshall, Head of Patient Experience, and escorted onto the ward where we were introduced to the Ward Sister on duty. Before we spoke to anyone on the ward we asked whether any patients and/or their visitors should not be approached due to their inability to give informed consent, or due to safety or medical reasons. The Ward Sister also identified those with severe communication difficulties due to their medical condition. No patients who were asleep were disturbed.

In total we were able to speak to seven patients and three sets of relatives/carers.

Authorised representatives were able to speak to some ward staff who were coming off duty and one of the Dementia Champions for the ward. Topics such as quality of care, dignity, respecting and acknowledging the patient's wishes and staff training were explored.

A questionnaire was used to capture information such as gender, age and length of stay. Patients were also asked if they required additional support to perform tasks such as eating and personal care and, if so, did they feel they received sufficient support. They were asked to rate 1-5: staff attitude, understanding of individual need, interactions with clinical staff and if their condition, treatment and prognosis were explained clearly.

There was an additional open-ended question "Anything you wish to say about G3 e.g. about the facilities and services" to allow patients and their families to raise other issues/concerns/compliments. There was also a section for authorised representatives to make any comments, including observations.

At the start of all interactions, the authorised representatives introduced themselves, showed their identification and spoke about the purpose of both Healthwatch and the reasons for the visit. Healthwatch Bracknell Forest information leaflets were available for individuals.

A proportion of the visit was also observational, allowing the authorised representatives to assess the environment and how patients and visitors engaged with staff members and the facilities.

Results of Visit

Provision of Support for Tasks (such as eating and personal care)
Five of the seven patients we spoke to required support and the three patients linked to the relatives/carers we spoke to require a high level of support.

All people spoken to felt the staff were good at supporting patients but that, particularly at night, there were not always enough staff available to do this in an adequate and timely fashion.

Staffing levels, and the concern it is not adequate, was raised at some point by all people spoken too.

Authorised representatives observed that although there was a board at the entrance of the ward with a uniform guide and planned nursing and care staff levels, the section on current staffing levels was not completed.

Attitude of Staff (nurses, nursing assistants)
All patients rated staff attitudes as a 1 (very good). The positive and friendly attitude of the staff, particularly the nursing assistants, was commented upon. Nurses were described as “calm” which increased patient confidence in their treatment and care. The authorised representatives noted the calm atmosphere on the ward in their observations. This was a significant difference to the atmosphere on the previous visit.

Understanding of Individual’s Needs
Five patients rated staff understanding of their individual needs as a 1 (very good) and two rated it as 2.

However authorised representatives did hear of two cases where individual needs were not being met. One in the area of communication and the other in relation to food and meals.

Interactions with other Clinical Staff (doctors, physios)
Patients rated their interactions with clinical staff as follows:

Rating	Number of Patients
1 (Very good)	1
2	2
3	3
4	1
5 (Very bad)	0

Relatives and carers also felt that there were some difficulties in interactions with clinical teams and that they only got to speak/interact with doctors if they specifically asked for a telephone call/appointment.

Physiotherapy received very positive feedback from one patient.

Explanation of Condition, Treatment and Prognosis
Patients rated the explanations of their condition, treatment and prognosis as follows:

Rating	Number of Patients
1 (Very good)	1
2	3
3	2
4	1
5 (Very bad)	0

The use of medical terms and long words was mentioned as a barrier to understanding by both patients and families. Notes by doctors in patient's records were not always easy for patients and families to understand. One patient was very anxious about the uncertainties surrounding discharge.

Environment
As mentioned previously, the ward had a calm atmosphere. All areas appeared clean but the corridor appears cluttered with trolleys and equipment.

As you come onto the ward there is an area without beds which was cluttered with broken equipment and spare mattresses.

Interaction between Patients and Staff
We saw evidence of staff interacting with patients in a friendly and positive way. The Dementia Champion, who is a nursing assistant, was observed interacting with all patients and was specifically mentioned by some patients and families as a positive aspect of their stay on the ward.

Additional findings

Recreational Activities
TV/Telephones – some patients felt this was too expensive, especially for those who had longer stays. Staff were able to contact the TV company to arrange for long-stay patients to access this for free but reported the TV company were insisting on details of medical condition to do this. Staff were unable to comply as this would be a breach of patient confidentiality. Staff also highlighted delays with TV and telephone repairs.

Lack of alternative areas for patients, other than bed space, was raised by some staff and patients. This seems to be more of a concern to long-stay patients and for those with dementia.

Wi-Fi. It appears that not all areas of the hospital are able to receive access to Wi-Fi. One patient described how access to this, through her smart phone, is essential for her to keep connected with friends and family. The guidance for use of mobile phones in hospital also states they are not to be used on the ward.

Dementia Friendly
We were able to talk to staff, including the Dementia Champion, about the care of patients with dementia. They were all able to confirm they had received the basic training requirement in the Mental Capacity Act and DoLs. They were aware that they had a responsibility to ensure they completed this training. The Dementia Champion felt that more take up of dementia specific training was needed across the wider workforce, including bank and cover staff.

A need for a Dementia friendly space for patients was highlighted.

One family member discussed the hospital's "Butterfly Scheme" for patients with dementia and felt that it needed more prominence.

Communication Between Professionals and Also With Families
One family member did mention they appreciated nursing staff honesty and openness when asked how their family member had been while they were absent (in terms of eating, sleeping etc.)

Because family/carers are often not around during doctors' rounds, they often have to rely on feedback from the patient and/or patient notes – and given the responses by patients to "Explanation of condition, treatment & prognosis" – this is not always satisfactory and reliable.

The importance of communication between the ambulance service, A & E department and G3 was raised – particularly in patients with memory loss/dementia.

Working with the Community and Voluntary Sector
The Ward Sister was able to talk to us about recent developments in the partnership work with The Stroke Association. Sessions run by the Association to support families and carers and also "Expert Patient" volunteers to help support patients on the ward are activities they hope to introduce in the near future.

Literature produced by the Association is freely available on the ward.

Summary of findings

At the time of our visit, the evidence is that:

- Patients and their families are, overall, happy with the care received
- Nursing staff are helpful and supportive and good at communicating
- There is a concern amongst patients and their families that staffing level are too low to meet care and support needs, particularly at night
- There are difficulties in obtaining information in an accessible format from clinicians; this difficulty was expressed by both patients and families
- Broken equipment and mattresses were observed in a patient area
- There are issues with barriers to access of the patient TV and Telephone service: cost and reliability of equipment
- Access to social media and other forms of communication is valuable to some patients via their smart phones. However Wi-Fi access is not consistent throughout the hospital and guidance about usage needs updating.
- Staff we spoke to told us that they received training in the Mental Capacity Act and Deprivation of Liberty safeguards.
- Dementia friendly. From feedback received there is no doubt that the Dementia Champions are assets to the ward but feedback suggests their impact on patient experience could be increased by a dementia friendly space that patients could access and awareness raising of the "Butterfly Scheme"
- Links between the ward and The Stroke Association seem to have developed in the last 6 months; providing greater support for patients, their families and staff

Recommendations

This report highlights the good practice that we observed and reflects the improvements to patient experience made in the last 6-9 months.

- The findings did indicate that not all patients and their families find it easy to understand information given by the clinical team about their condition, treatment and prognosis. We recommend a review of your communication and sharing of information procedures with patients and families. A communication book was one suggestion made by families. We understand that sharing of information with family's needs to be balanced with patient confidentiality.
- We recommend that broken and spare equipment is stored in a more suitable location and that this is communicated with all relevant staff.
- An action plan is agreed to ensure Wi-Fi is available throughout the hospital
- The policy on use of mobile phones on wards is reviewed
- The staffing level board is updated every shift

A longer term recommendation is that the Trust looks at the provision of dementia friendly environments for patients.

Service Provider response

The authorised representatives were able to give verbal feedback on the visit immediately afterwards; meeting with Claire Marshall - Head of Patient Experience, Bethany Bal – Head of Quality, Mena Vallence – Head of Nursing.

This report was agreed with Frimley Health NHS Trust as factually accurate and the following response to the report and recommendations was received from Sally Brittain, Deputy Director of Nursing on 29th July 2015.

"I am pleased to read that you did note a positive change on the ward, and that most of the patients and relatives reported a positive experience. I have included a table below to address some of your points and recommendations from the report and I hope you find this useful."

You Said	**Our Response**
Staffing levels are a concern	Staffing levels on the ward meet the minimum requirements for qualified staff. Like most other hospitals we do need to use temporary staff to ensure we have enough cover. There has been a successful recruitment campaign and there are new permanent staff joining the team between August and October. The ward is fully staffed for healthcare assistants.
Current staffing levels board not completed	Ward sister will ensure this is completed daily
Photo Board blank	Ward sister will ensure this is completed by December when all new staff are in place
Patients and relatives felt there is some difficulty interacting with clinical teams including understanding patient notes	The notes you are referring to at the bedside form part of the patient clinical record and are not intended as a communication for patients or relatives. However, we already have a number of different ways for communication in place. Where the patient has provided consent the nursing staff provide daily updates for the nominated next of kin. There are also relatives' clinics on a Wednesday and Thursday where an appointment can be pre booked to discuss with the team any concerns or queries. If relatives are unable to make these clinics the ward staff will arrange another appointment with the team. As a result of your feedback we have created some posters advertising these options on the ward.

Ward is cluttered and area with broken equipment and mattresses	Storage space is limited on this ward. Some of the equipment in the corridor is essential such as the resuscitation trolley. Ward sister will review the use of all other areas on the ward in order to create an additional store room.
Provision of TV	Free TV is provided between 10-12 every day and the radio is free all day. If using the TV is part of the patient's therapy plan then this can be requested free of charge from the company, however, understandably the company do have criteria that they need to apply for this to happen. As long as the patient gives consent then the staff are able to discuss this with the company. Ward sister will ensure that all staff are aware of the requirements and process for requesting this.
Lack of alternative areas for patients away from the bedside	The ward space does not afford us the opportunity to create a day room for patients
Wi-Fi access is difficult	Wi-Fi coverage is part of an ongoing IT programme.
The policy on the use of mobile phones on wards is reviewed	It is accepted that mobile phones are used by patients and when the bedside folders are next updated this will be reflected in the information.

"Your report will be shared with the wider team and across Frimley Health for the learning points and I look forward to continuing to work with you to improve patient experience."