Update to B&NES Health and Wellbeing Select Committee - March 2018



1) ENTER AND VIEW VISIT – PAULTON HOSPITAL

On Tuesday 21 November 2017, a team of three Healthwatch volunteers and two members of staff visited Paulton Memorial Hospital. The purpose of this enter and view visit was to observe services at the Minor Injuries Unit and visit the John Stacey Ward. In addition to observation, representatives also wanted to gather feedback from staff, patients and their families about their experiences of care at Paulton Memorial Hospital.

Healthwatch Bath and North East Somerset volunteers observed good care for patients attending the hospital and using the waiting room. They were very grateful to the staff, patient and relatives that gave the time to talk to us.

Here is a summary of the report findings:

MINOR INJURIES UNIT WAITING AREA

Healthwatch volunteers spoke with patients and their families in the waiting room. Patients were waiting for a variety of services including X-ray, podiatry, dietetics, physiotherapy and the Minor Injuries Unit.

Parking

The patients that we spoke with had had bad experiences of parking that morning, as did the Healthwatch volunteers. This appears to be something that resonated with all of the patients that we spoke to. When we spoke to staff they explained that the League of Friends had tried to purchase land to extend the car park but this had been unsuccessful.

Patient experience

Patients were positive about services stating that staff could not be nicer and the reception staff are really friendly. Some of the relatives we spoke to were waiting while their loved one was being seen. Some of the things they felt would improve their experience were: access to a café, access to WiFi, and signage displaying expected waiting times as seen in other NHS services.

Accessible Information Standard

Patients and their families were asked if they were aware of the Accessible Information Standard and whether they had been asked on arrival if they had any communication needs or would require information in a particular format. Of the patients Healthwatch talked with during the visit, none were aware of the Accessible Information Standard, nor had they been asked about their communication needs either before the visit or on arrival.

JOHN STACEY WARD:

This ward comprises 28 beds, used for rehabilitation for people aged 18 years and over, although most patients are aged over 65. Healthwatch were welcomed by staff and given a full brief of the

work carried out. Healthwatch were told that a patient's maximum stay on the John Stacey Ward is 21 days, but many stay longer and often for six weeks, particularly when they need social care access and reablement is at full capacity. At the time of the visit, 27 of the 28 beds were in use, with the expectation that the last bed would be full by the end of the day.

Staff shared their experiences of transition to Virgin Care. It was felt that this had not been seamless due to differences around systems and processes, although staff said things are improving and Virgin Care are listening to staff concerns. One concern expressed by clinical staff was that the online training provided by Virgin Care does not fit their training needs as well as face-to-face interaction. Again staff are seeing improvement with some training, such as basic life support and manual handling, now being available face-to-face at the training hub in Keynsham.

Healthwatch volunteers asked about the Accessible Information Standard. They were informed that each patient is assessed when they arrive and any access requirements they have for communication will be implemented. Staff gave examples of accessing the hard of hearing communicator from St Martin's Hospital, and using communication cards and basic sign language to support patients with profound hearing loss. For patients with a learning disability, the ward taps into community links to communicate and uses patients' families as a backup.

RECOMMENDATIONS AND RESPONSES

Nine recommendations were made following the visit as follows, each listed with the corresponding response from the provider:

- 1) Clearer signage for patients on where to wait for an X-ray.
 Response: An existing review is leading to the replacement of all signage and this includes x-ray. The x-ray department is run by the RUH and not Virgin Care Services Limited.
- 2) Review the parking arrangements for patients and staff and consider whether there could be systems in place for better parking.
 Response: This is an ongoing issue which remains unresolved. Receptionists do advise visitors and staff where possible of alternative parking. The issue has been raised with NHS Property Services as owners of the carpark.
- 3) Have WiFi available in the main waiting room.
 Response: Public Wi-Fi is already available in the waiting room but generally for staff only.
 We are currently looking into this.
- **4)** Have a sign that displays the expected waiting time for the Minor Injuries Unit . **Response:** We will be applying for funding from our improvement fund for an electronic signage system. We are currently setting this up in St Martin's outpatients waiting area.
- 5) Consider having a café on site.Response: Unfortunately this isn't feasible but we do have provision for hot drinks.

- 6) Make sure all reception staff know about the Accessible Information Standard and the need to ask patients about their communication needs.
 Response: This policy is already in place and we are already compliant. Ward staff look at communication needs as part of the formal admission process. This is documented on the admission paperwork and any requirements are dealt with from there. Reception staff have now been briefed. The Accessible Information Standard poster is now prominently displayed around the site.
- 7) Update the 'How we are doing' displays which are out of date.
 Response: We are sorry that the information for the "How we are doing" board was not updated. This was an oversight and the ward manager will ensure this is updated routinely every month.
- 8) Remove clutter from corridors on the John Stacey ward.
 Response: Storage is an ongoing issue for the ward and some equipment unfortunately has to be stored in the corridor. The visitor chairs are always in the corridor for ease of access for visitors. Commodes are not routinely kept in the corridor and the ward does have adequate storage for these.
- 9) Revamp the family room on the John Stacey ward to make it more welcoming. Response: The dayroom on the ward has recently been refurbished. Following your recommendations the ward has introduced tea and coffee available in the day room for patients and visitors. The ward team will discuss further ways in which the dayroom can be further improved and will be encouraged to apply to the improvement fund.

The full Enter and View report and the service provider's responses have been shared with the Care Quality Commission, Healthwatch England, B&NES Council and BaNES Clinical Commissioning Group. The full report can be viewed online **W**: www.healthwatchbathnes.co.uk

2) HEALTHWATCH B&NES CONTRACT: 1 APRIL 2018 – 31 MARCH 2021

The Care Forum is pleased to announce that following a tender process we have been reawarded the contract for Healthwatch B&NES. The contract will run from the 1 April 2018 to 31 March 2021.

We would like to especially thank the volunteers who make this project so effective, the advisory group who direct the work plan and provide local insight and connections, and also the staff team who deliver high quality engagement, volunteer support and communications work.

The project is being slightly refocused, with the headlines as follows:

We want to hear as many local voices as possible and so from now on our Executive Board will
be supported by a quarterly planning group of local people, voluntary sector organisations and
other partners who will bring intelligence for Healthwatch to follow up. Healthwatch needs to

be led by local people; we have some excellent established Board leads who we hope will continue, and some opportunities for others to get involved too!

- Our funding model will award small grants to local expert partners to deliver work on behalf of Healthwatch. This will take place via our established Health and Wellbeing Network, which will continue alongside our quarterly planning group. Voluntary sector partners who are regular members of the network will be invited to submit bids for funding to deliver work that supports the aims of Healthwatch for quarters three and four of 2018/19, and in subsequent years also.
- Healthwatch is being focused to ensure our approaches meet the needs of everyone. We will
 make use of social media and emerging communications tools to reach people in ways that suit
 them. For those who don't or can't use the internet, we will protect engagement time to hear
 from local people in ways that best suit their needs.

If you would like further information about anything you've read here, please do not hesitate to get in touch:

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This report was prepared by Alex Francis, Team Manager, Healthwatch B&NES and Healthwatch South Gloucestershire, on Friday 23 March 2018.