

Details of visit	Huntsman Ward 7 (Orthopaedic)
Service address:	Northern General Hospital, Herries Road Sheffield S5 7AU
Service Provider:	Sheffield Teaching Hospitals NHS Foundation Trust
Date and Time:	Tuesday 27 September 2016, 2.00 pm – 4.00 pm.
Authorised	
Representatives:	Penny Lewis, Jasmine Warwick
Contact details:	Healthwatch Sheffield, The Circle, 33 Rockingham Lane, Sheffield S1 4FW

Acknowledgements

Healthwatch Sheffield would like to thank the management and staff of the ward for facilitating this visit and giving their time and thanks also to the patients who took time to talk to us on the day for sharing their experiences.

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.

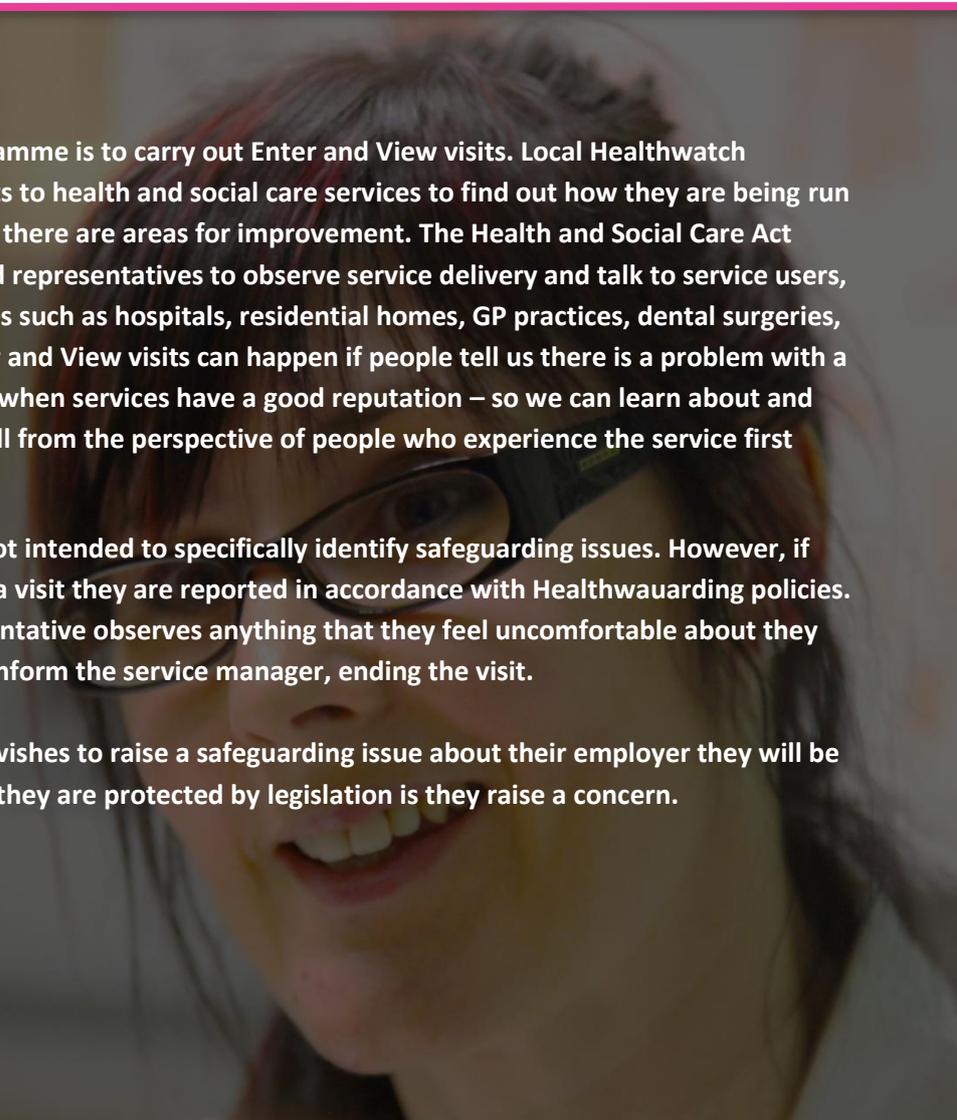


What is Enter and View?

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.

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 Healthwauarding 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 website where they are protected by legislation is they raise a concern.





Purpose of the visit

- To gather information to inform us about how the service is viewed by patients and relatives, with special reference to those with particular needs.
- To identify examples of good working practice.
- To observe the environment and processes in the service area.
- To identify any areas for improvement and make suggestions if appropriate.

Strategic drivers

- Healthwatch Sheffield focus on access for excluded groups

Methodology

This was an announced Enter and View visit.

We visited Huntsman Ward 7, one of two 28-bedded orthopaedic wards on the same floor. It is mainly for non-elective orthopaedic trauma patients (although some elective patients, who are potentially infective, may be housed in side wards). Some medical 'out-liers' may also be present, if medical wards are full.

This visit was arranged via the senior management team. Access was given to all areas. The visit was advertised in advance with Healthwatch flyers being placed in the display area in reception.

We met with the matron, the staff nurse, the Complaints Manager, staff on the wards, 11 patients, and visiting relatives.

Summary of findings

- We found a well-managed, busy and happy staff, who were very much appreciated by patients
- Wards and clinic areas were bright and clean, and there was a strong focus on infection prevention
- Patients had varied opinions on the food
- Several commented that night times were noisy, partly because of inevitable admissions, but also because of other patients and noisy trolley wheels

Results of Visit

General

On the day of our visit, the ward seemed busy, with staff working hard with patients.

Access and the Physical Environment

Access

There are several car parks servicing the building. These are often very full, and require visitors to have considerable small change. There is no option to pay by card.

The Physical Environment

The ward had several 6-bedded bays, some for males, and some for females. There were also single-bed side wards. There are showers available which patients use, as most patients on the ward would be unable to use a bath due to the nature of their surgery/condition. There are plans in place to install a functioning bath, given that there is always the possibility that the ward could change speciality/function in the future.

The agreed bed number for the ward is 28 and this is the number of beds on the ward. The 6 bedded bay which is now a dedicated treatment area is a planned space in order to manage wounds in accordance with infection control guidelines. This is a well utilised clinical area for the treatment of post-surgical orthopaedic wounds, which is best undertaken away from the bed area in a dedicated, clinically clean space away from any potential infection. We were told that the current use of this area is therefore related to improved infection control practices and not due to staffing issues.

The ward areas appeared clean, well decorated and bright. There was a chargeable television service.

Service Provision

The patient population ranged across the whole adult range, from elderly people with multiple needs, to young trauma victims. Most had leg /hip injuries. All those we observed were white British.

There are physio and occupational therapists attached to the ward.

Discharge arrangements for Sheffield were supported by two intervention services, a 'short term' team, and a 'community' team. These teams were physiotherapist led, and included occupational therapists. No problems in delayed discharges were reported, but when Healthwatch Sheffield sent the draft report to the Trust, they told us that whilst there were no problems with delayed discharges at the time of the visit, more generally there can be delays experienced whilst awaiting nursing or social care packages to be finalised or, as the report notes, when discharging patients who come from outside the Sheffield area.

Staff and Training

It was reported that they made regular use of bank staff via NHS Professionals, but that strenuous efforts were being made by the Trust to recruit more permanent staff, especially qualified nurses.

Training for NHS Professionals' support workers is done by NHS Professionals, and also the Trust provides a week's induction programme for new starters.

It was clear that the staff we spoke to enjoyed their work, and felt supported by their managers. There appeared to be good systems for communication and hand-over, and a useful multidisciplinary record sheet to facilitate this.

Feedback on services:

We were told all patients were given a Friends and Family feedback form on discharge, but the return rate was not high. On interviewing patients, the main categories of comment covered:

The staff: a uniformly positive response to the staff care and attitude *"brilliant", "wonderful", "these guys know their stuff", "very good care"*. Some commented on their busyness *"they're overworked"*. One patient commented upon the use of equipment *"I don't know why they don't use hoists"* (when questioned, staff said this was now not considered best practice for Moving and Handling), *"the bidet chair is unsuitable for me, as my legs are non-load bearing"*. Two patients commented that they, and their relatives, were not always fully informed of the details of their condition *"don't get enough information"*, and one relative had had difficulty getting details by phone.

Food: the response to this was mixed, ranging from *"not bad", "OK", "alright"* to more critical comments eg *"Food not so good, not cooked right. But some choice", "Food's always cold, rarely hot even when it's meant to be, doesn't look good", "not much choice – was curry, pork, or vegetarian – but didn't want those"*. Staff reported that they had changed the timing of the hot meal to lunchtimes, when the staffing ratios enabled better support, and also (as a result of a 'listening exercise' with patients) were looking to provide 'snack packs' in the afternoon.

Night time noise: several patients commented on this, but acknowledged this was largely inevitable. The main source of the noise appeared not to be staff activity, but other patients.

Entertainment: several commented on the expense of the television service *"we get 4 hours free, but it's in the mornings", "don't bother with that, it's too expensive"*. One patient commented *"time goes slowly here, but we can talk to each other"*. Another commented on the lack of Wi Fi, another on wanting the use of a wheelchair so that he could move around.

Immediate Service Improvements

None

Additional Findings

None

Recommendations

- Maintain the supportive ward-based culture and communication systems. Explore ways of ensuring patients and relatives are fully informed about issues
- Explore ways of enhancing the ward environment so as to provide distraction /activity for immobilised patients
- Explore ways of minimising night-time noise
- Continue to develop the food regime, in consultation with patients

Service Provider Response

Many thanks for all the feedback and for the positive comments. All comments from the day have been fed back to the ward and management team and the actions below have been agreed:

1. Staff recruitment

There is a national shortage of registered nurses and recruitment to these posts remains challenging. A risk assessment has been undertaken across the care group and, following this, a detailed action plan was agreed and is now in place. Actions include:

- A daily review of staffing levels by the Matron, who will arrange any necessary redistribution of staff in response to unplanned staff absences and will report shortfalls to the Nurse Director / Deputy Nurse Director
- Any staffing shortfalls are usually covered through NHSP or agency staff. These staff are usually the same staff and are therefore familiar with the ward.
- Electronic rostering (e-rostering) is used across the Trust to monitor and improve the efficient deployment of nursing staff.
- Registered nurses have been recruited from the European Union to support the recruitment drive.
- All recruitment opportunities are being utilised, including active participation in the Trust's Careers' Fair which was held in September 2016.

2. Food

The ward has recently increased the number of nutrition volunteers at mealtimes. These volunteers provide support for patients who need help with feeding and this, in turn, releases nursing time for clinical duties.

Snack packs are now being offered to patients and tea and cake are already provided for patients in the afternoon.

In addition, a new menu cycle was introduced from the 3 October 2016 which includes many changes following feedback from patients and from a range of audits carried out by the catering department, where patient comments were gathered. It is therefore possible that many of the concerns raised in the report have now have been addressed.

To monitor this, the Trust's Catering Manager has arranged that during November, meal service and quality audits are being carried out on Huntsman 7. This involves observing how the meals are served, checking temperatures, tasting meals to verify quality, identifying wastage and speaking to patients. Information gathered during this exercise will be discussed with ward staff so as to ensure service improvement. One lunch audit has been completed so far and this identified good service, hot meals served from the trolley, patients asked to choose in advance of service, and no food quality issues. Seconds were offered to patients and meal service was good.

Monthly Food Quality Groups continue to take place across the Trust, involving catering and ward based staff in order that quality can be regularly and independently audited. These results overall show that the food served to patients is of a good standard. Site managers also hold quarterly food management meetings and ward representatives involved in food service are encouraged to attend.

Patient surveys are also undertaken by the catering department on a regular basis and feedback from the surveys helped to inform the changes which were implemented from 3 October.

3. Night time noise

Staff are very aware of the need to keep noise to a minimum at night although, as the report acknowledges, some noise, particularly noise from patients, is unavoidable. The noise at night from patients on this ward is mainly due to elderly, confused patients and the ward has ear plugs which are offered to patients to help reduce disruption. Light up phones are also used to avoid telephones ringing at night. Eye masks are now also in the process of being ordered.

4. Car parking

A change machine is available in the Huntsman main reception; however we will now review the signage for this machine to ensure it is advertised at patient and visitor car parks. From 3 October, the Trust has a new car parking contractor and we are now working in partnership with them to pilot new payment methods, starting with 'pay-by-phone'. In addition, we are looking to introduce a card payment facility, however this is subject to funding availability and a bid has been submitted with the aim of purchasing this facility during 2017-18.

5. Entertainment

Bedside televisions are available at each patient's bedside on the ward and pricing for use of the bedside facilities is determined by the service provider, Hospedia. The Trust will be reviewing provision of bedside facilities during 2018, when the existing contract ends.

In relation to Wi-Fi, a project is currently underway to provide Trust-wide staff and patient Wi-Fi by Spring 2017. The service will be free to use for an unlimited period, for 'browsing' only, for example web browsing and social media, as the current patient entertainment contract prohibits the Trust from offering a 'streaming' service, for example Netflix, BBC iPlayer.

A wider patient entertainment review is also underway and is due for completion by Autumn 2018.

We are exploring the provision of other activities and have now incorporated Huntsman 7 into the monthly schedule of music sessions provided by the charity 'Music in Hospitals'. In addition, our Arts in Health team will commence art and craft activities on the ward and will run sessions once a week from early 2017.

6. Information giving

The ward is working hard to improve communications with patients and relatives. For example, in order to support verbal communications, posters are displayed about the discharge process to help to manage patient and relative expectations, as many believe that once the doctor has said that a patient is ready for discharge this happens immediately. However, it is often the case that there are delays for a number of reasons, for example patients may have to wait for medicines and this is explained on the posters.

To improve overall communications and interactions with patients and families, bespoke training for all staff within the care group is planned throughout November and December. Training will address the importance of good communications, along with themes including tone of voice and body language when communicating. In addition, the 'hello my name is..' campaign is being introduced across the group to encourage all staff to introduce themselves.

7. Patient Feedback

Whilst Friends and Family Test cards were given to patients on Huntsman 7, response rates were low (14% in September 2016) and therefore from November 2016, the method for surveying patients was changed to text messaging and voicemail. This is being monitored monthly to see if response rates improve.